Sure Start Harlow Parnall-Wood Evaluation Report
Phase One of the Evaluation

October 2005

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“There’s always something to do here every day that’s different...everyone is so committed and interested in the individual as a whole.’

Service User
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1. INTRODUCTION

1.1 Background to Harlow

Harlow is located in the East of England and lies in West Essex; it is 25 miles north of London and 35 miles south of Cambridge. It is a ‘new town’, planned and built during the 1950s to offer social housing to people living in London, with good access to public amenities such as schools, health centres and childcare.

The population at the 2001 census was 78,936; estimates for 2003 suggested that this had dropped to 77,700 for that year. Children under five accounted for approximately 7% of the resident population of Harlow, compared to almost 6% for England and Wales overall.

In terms of ethnicity, approximately 95% of the population in Harlow are white, compared with 91% for England and Wales as a whole. 1.23% are of Mixed race which is similar to national statistics. 1.6% of the population in Harlow are of an Asian or Asian British background, compared to nearly 4.4% of the national population, and Black or Black British represent 1% in Harlow and nearly 2.2% in England and Wales overall. The only ethnic minority to have a larger presence in Harlow than the national average is the Chinese (or ‘Other’) ethnic group, with nearly 1.3% of the population of Harlow having this background compared with only 0.9% nationally.

A third of the population of Harlow rent their houses from the council,\(^1\) compared to only twelve percent of the population of the East of England who live in council housing and 13% in England and Wales overall.

In 2000, in terms of the English Index of Multiple Deprivation (IMD),\(^2\) of the 354 districts in England, Harlow ranked at 82 (where 1 is the most deprived). It was classed as the most deprived district in Essex and the third most deprived in the Eastern region.

According to the 2004 English IMD, Harlow has an overall rank of 120 out of 354 local authorities, as shown below:

**Figure 1:** showing where Harlow ranks among local authorities in England on the 2004 Index of Multiple Deprivation

The 2004 IMD is based upon the same structure and methodology as the IMD of 2000, but includes more up-to-date data and new measures, based on access to improved data sources. Authorities are split into smaller geographical areas (Super Output Areas – SOAs) and measured for deprivation using seven key domains: income, employment, education, health, skills and training, barriers to housing and services and crime. The eleven wards in Harlow have been broken down into 54 SOAs, allowing for pockets of deprivation in more affluent areas to be seen more readily.

The distribution of deprivation across the Borough can be gauged by the number of SOAs in the top 20% most and least deprived, in comparison to the national picture. Overall, Harlow has 2% of its SOAs in the 20% least deprived in the country, and 7% of its SOAs in the most deprived in the country.

In 2001, 3.36% of economically active people aged 16-74 living in Harlow were unemployed, which is similar to national statistics but slightly higher in comparison to the East of England. Unemployment has been increasing slightly since 2001 and approximately half the jobs in Harlow are filled by people who live elsewhere. About 32% of the population in Harlow

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1 For more information about IMD 2004 visit: www.odpm.gov.uk
(between the ages of 16 and 74) have no qualifications, which is 3% more than the national average.

Generally, this information indicates that Harlow is a predominantly White town, with a growing Ethnic community, but a stable population. Those living in Harlow have good access to public amenities such as shops and childcare, but less means to pay to use those amenities. Many people live in council assisted housing, in pockets of high deprivation located mainly to the south of the town. Harlow has significant unemployment issues and unusually low skill levels, resulting in a poverty of ambition prevalent in the town and low disposable incomes to invest in local services. There are therefore many **barriers for children** to overcome in Harlow in order to fulfil their potential, including poverty and middling employment prospects.

### 1.2 Sure Start in Harlow

*Sure Start* (SS) is a government programme that seeks to deliver a good start for children in life by bringing together education, health, family support and childcare. Sure Start local programmes were established by the government to tackle child poverty and social exclusion. They operate in areas where a high proportion of children are living in poverty. Families living in these areas, with children under the age of five, have access through Sure Start to local services on family support, health and early learning.

SSHPW is a second wave programme that was given approval by the Sure Start Unit in December 2000, and began delivering services in July 2001.

The **focus** of the programme is upon:

- Family support
- Integration of services
- Play and social opportunities for children and parents
- Early years education
- Educational opportunities for parents

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The **broad objectives** of SSHPW are to:

- Offer high quality play and early learning opportunities to pre-school children
- Enhance levels of support in small local areas where there are particularly high incidences of social deprivation⁶

These objectives have shaped a lively local programme, committed to working with children and families in both a community setting to help children’s social skills and to reduce isolation, and outreaching to families in the area to overcome barriers such as social exclusion, poverty and ill health.

1.2.1 The Sure Start Area in Harlow

The Sure Start area lies in the south of the town, and forms part of three wards: the entire Stewards ward area, a large sector of Latton Bush and part of Kingsmoor. This area was chosen in December 2000 because these wards fall within the twenty percent most deprived in the country. Super Output Areas that fall within the Sure Start Area are highlighted in yellow in Map 1 below.

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⁶ Sure Start Harlow (2004) *Annual Report*
Map 1: showing the Sure Start area of Harlow town by Super Output Area

There is a Travellers’ Site and a Women’s Refuge in the Sure Start area, and a high number of people living in temporary accommodation. There is a high number of children on the Child Protection Register and a significant number of drug related issues. Health and Social Care professionals consider that those living in this area experience multiple problems to a greater extent than those living elsewhere in Harlow. Looking at the SOAs for the Sure Start Area, it can be seen that one ward is ranked in the top twenty percent most deprived in the country, as shown in Map 2 below.

Map 2: showing all SOAs in Harlow, shaded according to their level of deprivation. Indices of Deprivation for Super Output Areas in Harlow, Rank of IMD Score (Jan 04), compared to National Scores

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Map 2 shows the Super Output Area areas within Harlow, in comparison to the national picture. The map shows areas of high deprivation in the South and North West of the city and less deprived area in the East of the city.

A community consultation highlighted a general feeling of isolation experienced by residents in the Sure Start area.⁹ This was due to being on the southern fringe of the town, more than walking distance from the town centre and station, which has increased feelings of separation from the main Harlow community.

Evidence from the evaluation has shown that there is a constant migration of families in and out of the Sure Start area. Thus the focus of the programme is helping to increase the confidence and independence of parents and children so that they can continue to flourish beyond Sure Start boundaries, avoiding problems of overdependence and regression.

1.3 Opportunity Links

Opportunity Links is a not-for-profit organisation that aims to provide high-quality social information for all. This includes direct provision of information on children and families, enhancing the capability of other organisations, businesses and employers across the UK.

Opportunity Links is dedicated to the delivery of the National Childcare Strategy, which aims to improve accessibility to quality and affordable childcare, reduce child poverty and raise the profile of the Early Years sector.

1.4 The Evaluation

1.4.1 Background

Opportunity Links has been commissioned by SSHPW to conduct an independent evaluation of their programme.

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The evaluation of SSHPW in 2004-2006 seeks to build upon existing evaluation work that was carried out over a two year period, ending in August 2004. This evaluation looked at SSHPW’s start-up process, strategy, operations, working practices and communications. Evidence was gathered by looking at monitoring information, attending board meetings, and through consultation with key partners, local service providers and parents.

The current evaluation is also split over two phases. The first phase began in November 2004 and finished in October 2005, and the second phase is due to begin in January 2006 and end in October 2006. This evaluation continues to focus upon strategic and operational issues and the impact of the programme, which have been considered in the previous evaluation, but also considers some services in terms of their value for money, focuses in more depth upon five services to generate a richer set of data for analysis, and concentrates on the programme’s imminent transition to children’s centre status. This evaluation does not consider monitoring information, as this is already analysed and reported on during partnership board meetings.

1.4.2 Context

The first phase of the evaluation has taken place during a time when children’s services are undergoing significant policy changes. The government’s agenda moved from shaping and developing a children’s strategy, outlined in the *Every Child Matters* Green Paper (2003), through to taking the first steps in realising that strategy by the release of the Children’s Act in 2004 and the development of children’s centres. Sure Start in Harlow is in an early position to mainstream its services into a sustainable children’s centre.

To accompany this shift from ‘building on the foundations of Sure Start’\(^\text{10}\) to creating children’s centres as part of the wider Change for Children

Agenda, the five outcomes outlined in *Every Child Matters* (ECM)\(^\text{11}\) have also moved on to emerge as the key outcomes that the government wants to achieve through Sure Start. Consequently, SSHPW needs to be evaluated in the light of these new targets and framework, and the ECM outcomes take a prominent position in this evaluation as standards with which to assess progress and change.

**1.4.3 Focus**

SSHPW requested **three areas** for external evaluation:

- **the processes involved in service delivery** (working practices, relationships between service user and provider, mainstreaming of innovative practice, adequacy of multi-agency working);
- **the impact of services upon service users** (the programme’s effect on local children and families, gaps in service provision);
- **cost versus benefit analysis** (of specific areas of the programme to help create value for money).

The first phase of the evaluation provides an assessment of how well services are performing in these areas, which will be repeated in phase two. This **longitudinal** approach will ensure that the programme’s progression over time can be captured, and that the results in the first phase can be cross-checked with results from the second phase, in order to ensure that the results are reliable. The first phase of the evaluation has been conducted in the existing Sure Start centre, whilst the second phase of the evaluation will be conducted in the new purpose-built children’s centre, creating a unique situation wherein the effect of the new resources upon families accessing services at SSHPW can be examined.

The evaluation **does not** seek to make a detailed analysis of the performance of SSHPW according to the standard PSA targets issued by the Sure Start Unit. This is reported upon regularly in the monitoring figures and has been covered in previous evaluation activity. Instead, the evaluation will embed the impact and outcomes of Sure Start in an ECM

framework, avoiding duplication of effort and evaluation overload by concentrating on the impact of the programme according to the new ECM outcomes.

1.4.4 The Report

The report is split into five main sections. The second section of the document presents the methodology of the evaluation, including the aims and objectives of the research.

The findings of the evaluation are then split into three sections (as discussed in the methodology). Section 3 presents the findings from the strategic level analysis. Section 4 of the report looks at the performance of service providers in the programme, including a detailed analysis of five services and a Value for Money assessment. Section 5 focuses upon the impact of the programme upon service users, the attitudes of non-users to SSHPW, and the co-evaluation process.

Sections 3, 4 and 5 are then drawn together in an overall conclusion, presented in Section 6. This contains recommendations and suggestions for improvements within SSHPW and its services.

The views stated in this report are those of the researchers and participants and not necessarily those of SSHPW. The purpose of this report is to inform and provide supporting evidence on decisions made as part of the work of SSHPW.
2. EVALUATION METHODOLOGY

2.1 Context

SSHPW operates not as a single unit, but has a multi-faceted structure made up of five different groups. The children and families who access Sure Start services, the service users, are the beneficiaries of the work of service providers, who operate those services. Service providers are commissioned by the Partnership, who work with the Sure Start programme team, to oversee service provision and manage the implementation of the SS strategy. External agencies work with the Partnership to support, complement and improve services.

The remainder of this section is split into:
- Aims and objectives, which describe what the evaluation sets out to achieve.
- Research design, which outlines the framework used in the evaluation.
- Research methods, which describes the type of method used to gather evidence.

2.2 Aims and Objectives

As set out in the Sure Start Guidance, the overarching aim of Sure Start is to achieve a ‘Sure Start for all children by providing integrated and high quality services, so they can grow up to contribute positively to their communities and society as a whole.’

This vision is the work of the wider Sure Start framework, encompassing services for children aged 0-16. The aim of local programmes, which form a part of this framework, is limited to 0-4 year olds, and hence has a more defined focus operating under this vision. Local programmes were set up to work with parents and parents-to-be to improve children’s life chances through better access to:
- Family Support
- Advice on nurturing

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• Health Services
• Early Learning\(^\text{13}\)

In order to focus more specifically upon these areas, and to create a more structured set of goals for local programmes to meet, Sure Start created targets that local programmes should meet by March 2006. SSHPW have twelve PSA targets\(^\text{14}\) set by the government, and have added more that they believe are important aims for the community in Harlow that they serve.

The twelve government targets include both measurable objectives, such as a twelve percent reduction in the proportion of young children living in households where no-one is working, and broader outcomes, such as ensuring that the programme has effective links with local training providers and higher education institutions.

Previous evaluation activities have set out to measure the performance of SSHPW according to these twelve objectives, but a new government proposal has taken precedence over previous policy aims in the sector. Since the publication of the Government’s *Every Child Matters* (ECM) green paper, published in September 2003, and subsequent Children’s Act of 2004, the aims and objectives of Sure Start local programmes have become aligned with the wider ECM strategy.\(^\text{15}\) The Children’s Act of 2004 put forward **five outcomes** that the government wants to achieve, which were decided upon in consultation with children and young people and were embedded in the Children’s Act.

Sure Start local programmes have helped to ‘build the foundations for improving these outcomes’,\(^\text{16}\) and the ECM outcomes will hence be the focus of Sure Start children’s centres. However, SSHPW is also committed

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\(^{13}\) Source: Sure Start, available from: http://www.surestart.gov.uk/surestartservices/settings/fundedsettings/surestartlocalprogrammes

\(^{14}\) Sure Start (2002) *A guide to planning and delivering your programme*, London; Sure Start Unit

\(^{15}\) ‘Sure Start Children’s Centres will be one of the key delivery mechanisms to achieve the objectives set out in the Government’s Every Child Matters programme’, 09/08/05. Source: Sure Start, available from: http://www.surestart.gov.uk/surestartservices/settings/fundedsettings/surestartlocalprogrammes

to meeting the existing twelve Sure Start targets. The aims and objectives that the evaluation assesses SSHPW against should, therefore, concentrate on the five ECM outcomes, but also keep in mind the Sure Start PSA targets that SSHPW have been looking to meet during the past five years.

The ECM outcomes can be broadly mapped to the Sure Start objectives, as follows:

**Table 1:** shows how initial Sure Start objectives can be mapped to the subsequent ECM target outcomes

<table>
<thead>
<tr>
<th>ECM outcomes:</th>
<th>SS Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Healthy</td>
<td>5, 6, 7, 8, 9, 10, 12</td>
</tr>
<tr>
<td>Stay Safe</td>
<td>8, 9, 12</td>
</tr>
<tr>
<td>Enjoy &amp; Achieve</td>
<td>1, 3, 4, 5, 12</td>
</tr>
<tr>
<td>Make a Positive Contribution</td>
<td>5, 12</td>
</tr>
<tr>
<td>Achieve Economic Wellbeing</td>
<td>2, 11</td>
</tr>
</tbody>
</table>

Three main processes are used by Sure Start to achieve the overarching objective:

- **Prevention** - aims to support children and their families before they reach crisis through a portfolio of services
- **Partnership working** – aims to coordinate, plan and manage services and agencies
- **Participation** – aims to ensure that children and young people are actively involved in the design, delivery and evaluation of services.

Consequently, the aim of the evaluation is to critically assess the performance of programme in terms of:

- The external impact it is having on the lives of children, young people and their families who access the services, as categorised by the ECM five outcomes.
- The internal processes, in particular partnership working, prevention and participation, which are used to deliver the Programme.
2.3 Research Design

The evaluation incorporated an **Action Research Framework**: a cyclical process of collaborative inquiry, action and evaluation between Sure Start, Opportunity Links, partner agencies and the local community. This framework helped build and sustain a participative research process, allowing constructive feedback and reflective decision-making to be fed back into Sure Start during the evaluation. The framework also empowered individuals through user involvement, and was incorporated into a cross-sectional research design, which is split into two areas:

- **Process evaluation**: critical assessment of the processes used to deliver Sure Start, mainly prevention, partnership working and participation, but also strategic plans and commissioning and monitoring processes
- **Impact evaluation**: critical assessment of the impact the processes have had on the children and families who access Sure Start services. Specifically the impact that the government envisions in the Children’s Act 2004 (that children ‘be healthy’ and ‘stay safe’ etc).

SSHPW is a large multi-faceted structure made up of the five different groups discussed earlier. To allow the team to effectively and efficiently evaluate the **processes and impact** of this structure the research design was split into three levels. These levels of evaluation follow and a more detailed overview is given afterwards:

- Strategic
- Service provider
- Individual user

**Strategic Level**

The aims of the evaluation at a strategic level were to:

- Determine the strategic impact of the Sure Start programme.
- Determine the effectiveness of partnership working and of the programme team.
- Complete an analysis of the cost effectiveness and efficiency of preventative services.
The evaluation team also engaged with the Children’s Centre Development Committee (CCDG) and external agencies in order to see how well the board is positioning itself for SSHPW’s transition to ‘Children’s Centre’ status, with the resulting joined-up service delivery.

**Service Provider Level**

The aims of the evaluation at the service provider level were to:

- Assess the effectiveness of service delivery, especially in terms of partnership working, communication and increasing access.
- Determine the impact of services upon the children and families who access them.
- Evaluate how well service providers encourage participation in the planning and delivery of their services.

**Individual Level**

The aims of the evaluation at the individual level were to:

- Evaluate the ‘felt’ impact of the programme on the lives of individual children and their families.
- Enable interested parents to participate in the evaluation.
- Transfer informal evaluation knowledge to interested individuals and organisations.

The impact and process studies covered all levels of the evaluation as follows:

<table>
<thead>
<tr>
<th>Strategic Level</th>
<th>Service Provider Level</th>
<th>Service User Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>Process and Impact</td>
<td>Impact</td>
</tr>
</tbody>
</table>

Within this three-tier framework we used both qualitative and quantitative methods in a **multi-research strategy**. This complementary approach, using more than one method to measure performance, ensured a higher degree of...
confidence in the reliability of the evidence gathered about SSHPW. The approach is summarised in the diagram above.

The internal processes of the programme were analysed through interviews and questionnaires with the Partnership and service providers. How the programme is progressing in terms of meeting the ECM outcomes (impact) was determined by questionnaires and interviews with the service providers and service users. The table below shows how both impact and process were evaluated at the three different levels and further details of the research methods follows.

**Table 2:** showing the research methods and type of evaluation used according to the level of evaluation

<table>
<thead>
<tr>
<th>Level:</th>
<th>Strategic</th>
<th>Service Provider</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation</td>
<td>Process</td>
<td>Impact and Process</td>
<td>Impact</td>
</tr>
<tr>
<td>Quantitative</td>
<td>Questionnaires for Partnership</td>
<td>Questionnaires for all providers</td>
<td>Questionnaires for all users</td>
</tr>
<tr>
<td>Methods:</td>
<td>Value for money assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualitative</td>
<td>In-depth interviews with Partnership</td>
<td>In-depth interviews with service</td>
<td>Interviews with users from in-depth</td>
</tr>
<tr>
<td>Methods:</td>
<td></td>
<td>providers</td>
<td>evaluation services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Interviews with parents who do not</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>use SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Observation</td>
</tr>
</tbody>
</table>

The beneficiaries of Sure Start activities were therefore involved in evaluation activities at the same time as service providers and the Partnership.
2.4 Research Methods

The following methods were employed as part of the multi-strategy approach.

Self-Assessment Questionnaires

Self-assessment questionnaires were used to measure Sure Start’s performance against ECM outcomes, and to gather further information about the Sure Start aims of prevention, partnership working and participation. By asking questions about these areas in a confidential and anonymous questionnaire, tailored to each level (strategic, service provider and individual), the answers provided a rich spread of data that could be cross-referenced for accuracy and agreement. Closed questions allowed easy measurement of questionnaire responses in a database, whilst the use of some open questions enabled all those involved in the service, from Partnership staff to parents, to express their views about SSHPW and participate in the evaluation.

The use of a questionnaire was also convenient and less intrusive than other research methods. All the partner agencies, service providers and service users had the opportunity to complete a questionnaire, providing a large and representative sample, which could be used to assess satisfaction with the Sure Start’s outcomes and processes. Pre-paid envelopes were provided with each questionnaire to enable a good response and to ensure anonymity and confidentiality.

In total, questionnaires circulated included:

- 17 service provider questionnaires and obtained 15 responses
- 240 user questionnaires and obtained 75 responses (a statistically significant sample of 31%)
- 7 Partnership questionnaires and obtained 4 responses.

A limitation of questionnaires is their inability to probe, prompt for and collect additional data. The use of interviews, therefore, was important to
overcome these potential gaps in the evaluation and to consolidate key issues highlighted by the questionnaires.

**Interviews**

Face-to-face interviews were essential to delve deeper into the processes and outcomes (impact) of services. Open-ended interviews, with a flexible approach to questions, provided a safe space for both service staff and service users to share their points of view. Interviews also allowed room for those involved in the evaluation to pursue topics that have particular interest to them.

Simultaneously, this qualitative approach to interviewing was designed to corroborate and reinforce the quantitative information gathered by way of the questionnaires. Consequently, an opportunity to focus questions on the aims of the evaluation mentioned above generated more appropriate responses than the use of observation alone.

In total, over the whole of phase one, interviews took place with:

- **Five** members of the Partnership (including the Chair)
- **Five** service providers
- **Four** members of the programme team (including the Operations Manager and Programme Co-ordinator)
- **Two** external agencies working in partnership with SSHPW
- **Twenty-five** service users (children and young people), sometimes using the video diary room equipment as outlined below
- **Eleven** parents who do not use Sure Start services

Where appropriate, interviews with service users made use of a **portable video diary room**, to gauge user’s opinions of the service they attend. The diary room was also used to engage with children and parents/carers. Where the diary room was considered not appropriate, **one-to-one interviews** and **observation** were used.
The aim of the diary room was to provide a private, fun space in which users could give their thoughts and opinions on the service they attend. The diary room is designed to minimise the interaction between researcher and interviewee, to prevent distortion of responses from the social desirability effect. This is when an interviewee gives answers which they feel are ‘desired’ by the researcher, rather than being the most honest response.

The diary room was child-friendly and safe. Users sat on a comfy chair and faced a camera and microphone. Outside the enclosed diary room, a control area containing a monitor and talkback facility was set up. A member of the evaluation team spoke to the users through the talkback facility and asked questions about the service. The evaluator was also able to view user(s) on the screen and to monitor the interview at all times.

In total four parents were interviewed using the diary room.

Observation

Observation was another useful way of collecting information and asking informal questions about parents’ experiences of the Sure Start services. Observing services in action was important to back up information gathered from questionnaires and interviews, and allowed assessment to take place in the service setting itself.

During observation a structured template was used to focus upon specific questions. These questions focused on:
- What was happening at the service
- How parents and children experienced the service (thoughts and feelings, expression of interest or disinterest)
- Interactions between users during the session
- Interaction between users and staff during the session

An observation schedule was devised to keep the observation focused and ensure a consistent approach. Four service assessments were conducted using observation techniques during the evaluation.
2.5 Detailed Analysis

The in-depth analysis of five services was undertaken to supplement the self assessment questionnaires. The in-depth analysis involved:

- Face to face interviews with representatives from service providers.
- Service user interviews (using the video diary room or one-to-one interviews).
- Observation of three of the services.

The selection of services for detailed analysis was undertaken according to three main principles that were deemed important factors in the make up of Sure Start Harlow; these are discussed below. It was decided to use this weighted sample in order to reflect the service provided by Sure Start Harlow. Other factors specific to each service were also taken into account, for example one service has already undergone extensive evaluation. The three main principles for selection were:

1. Service Type – Refer to Appendix 1 Table 1

Services were classified into ‘types’, including:

(i) Parents’ Course
(ii) Children’s Course
(iii) Drop-in Service
(iv) Outreach Service

It was important that the final selection of representative services reflected the weighting of these types across the programme. Services from all types were represented in the selected services in the same proportions as in the programme as a whole. This ensured all the programme’s structures that have been put in place to deliver the Sure Start programme were assessed in detail. For example, a quarter of services are run as outreach services and another quarter are run as children’s courses in-house; services selected for detailed evaluations reflected this proportion.
2. **Service Funding Allocation** – Refer to Appendix 1 Table 2

The selection of representative services took into account a range of funding allocations that enabled researchers to gather evidence from a range of services and review the merit of allocations awarded to service providers. For instance, the monitoring arrangements may be appropriate for a service receiving £50,000 allocation each year but what are the views of services receiving an allocation of just £5,000?

The evaluation team also concentrated on the areas of the programme which receive the largest sums of money. Therefore, services benefiting from funds over £50,000 were selected, to see where the greatest amount of money from the programme is going, and how this financial assistance is benefiting children and their families. Providers operating from smaller and medium sized funding were proportionate in the selection of services as in the programme as a whole.

3. **‘Every Child Matters’ (ECM) Outcomes** – Refer to Appendix 1 Table 3

The objective of Sure Start Harlow is to help achieve the five outcomes as defined in *Every Child Matters*. Therefore, services were categorised according to ECM outcomes, and selection for detailed evaluations represented as much as possible services from all these categories, in similar proportions to the character of the programme’s services as a whole. This ensured that the evaluators analysed services which are helping to meet a number of outcomes. For example, since there were more service providers working to the outcome ‘Enjoy and Achieve’ in total (approximately 60% of service providers), a similar percentage were selected for impact evaluation.

**Selected Services**

In addition to the criteria described above, other factors were taken into account in the selection of services for detailed analysis; for example, the sensitive nature of a service; the agreement of a service to engage;
previous evaluation undertaken. The following section details the five services selected with a brief rationale for each (please refer to Appendix 1 Table 4 for the criterion for each service).

1. **Music Makers**: this service, designed to help children improve their motor skills and language development, has been very busy and very successful, according to both the service provider and programme manager. A detailed evaluation of the service aims to uncover the reasons for its success, so that this information can be fed back into other services in order to share good practice and inform the development of new services by uncovering what has worked well.

2. **Health Visiting**: services designed around healthcare feature very strongly at Sure Start Harlow: half of the services (eight out of sixteen services in the programme) are in some way working towards the first ECM outcome, ‘Be Healthy’. A large proportion of funding is allocated to the service, and the service is central to developing the second children’s centre. Operating regularly within the centre by providing health clinics, combined with close operational links across the piece, the large presence of the health visiting team at Sure Start in Harlow makes it a very good candidate for detailed evaluation.

3. **Homestart**: this service is delivered by a partner agency, but is part-funded by Sure Start Harlow. A detailed evaluation of a service delivered from beyond the scope of the Sure Start centre aims to gather valuable and objective information as to how Sure Start in Harlow is perceived by Homestart users and staff, this funding benefiting the wider community.

4. **Pop-ins**: the family ‘pop-ins’ remain at the heart of activity at the Sure Start centre in Harlow; many professionals arrange to attend the drop-ins to give advice, parents can talk to each other whilst their children play, and the service operates very regularly and is well attended. The ‘pop-ins’ (once ‘family drop-ins’) are multi-faceted and were very successful; however, informal discussion with a service provider
indicated that there has been a recent downturn in attendance, reflecting parents’ shift towards more managed activities. A detailed evaluation aims to explore the reasons for the preliminary success of this service and its recent downturn, perhaps finding ways to help the service develop in the future.

5. **Story Sacks:** this is a popular course with a medium-spend, delivered in-house. It has a very strong focus upon the ECM outcome ‘enjoy and achieve’. Since more services are working towards this outcome than any other, it is important to evidence children’s services working towards meeting this outcome. The workshops run by Storysacks are also a good example of how a training activity can have wider impacts.

In Appendix 3 (Table 5) we outline the services which have not been selected for impact evaluation and provide reasons for this decision.

**Conclusion**

The sample of services was weighted to fall in with the principles guiding the delivery of Sure Start programmes and maintained a similar proportion of service providers’ characteristics as reflected in the service provision as a whole. These principles ensured a representative selection for in-depth analysis. Limitations included an inability to obtain a true economic breakdown for each service, but every effort was made to account for individual issues that may prevent a service from taking part in a detailed evaluation, such as the sensitive nature of a service.

**2.6 Co-evaluation**

Enabling parents to be involved in the evaluation process played a principal role in phase one, and will be continued, with refresher training, in phase two. The principal of co-evaluation, where parents work alongside independent researchers in order to inform the design of evaluation questions, research methods, and how the evaluation will be conducted and presented, was a key component in ensuring that parents could participate in the evaluation process.
All parents from the Parents’ Forum were invited to take part in co-evaluation, and the opportunity was also opened up to all parents at the centre. A start-up workshop introduced the idea of co-evaluation to the Parents Forum, whilst service providers told other parents using the services about the training. **Six parents** were to be chosen to help evaluate the **five services** selected for detailed evaluation, as mentioned above. Parents were trained over two workshops on research and evaluation and then, working in pairs, prepared to conduct interviews with users of the five selected services.
3. STRATEGIC LEVEL

Sure Start local programmes are delivered by local partnerships, with strong parental and community involvement. Agencies, from local authorities to the NHS through to the voluntary sector, work together to provide better services for families and young children.

3.1 The Strategy of Sure Start in Harlow

The broad objectives of SSHPW are to:

- Offer high quality play and early learning experiences to pre-school children
- Enhance levels of support to their families in small local areas where there are particularly high incidences of social deprivation

SSHPW is committed to delivering a programme that meets the needs of the community and progresses towards meeting government objectives. The partnership dedicated to meeting this vision was drawn together under the leadership of the Chair, who is Head of Community Services at Harlow District Council, which acts as the Lead Agency for the Programme. The original Delivery Plan was given approval by the Sure Start Unit in December 2000, with services beginning to be delivered in July 2001.

Information in this section is based upon consultation with seven members currently on the partnership management board. The other members of the board are nominal members, who expressed interest in sitting on the board but have not attended in the past year. We conducted in-depth, one-to-one interviews with five members of the board, and sent out seven questionnaires to all members. Qualitative analysis of the results assess the partnership against the ‘processes’ of participation, partnership working and prevention, but also make reference to the most recent Sure Start guidance document on Governance, published in Summer 2002,
which is relevant to ‘all programmes, whether they are in the planning stage or in the middle of implementing their plan.’

3.2 Structure and Composition of the Board

The partnership board was originally made up of eighteen partner agencies from the statutory and voluntary sectors, representing Education, Health, Social Services and other organisations operating in the community. At the start, the representation was equal at six statutory, six voluntary and six parents’ spaces on the board.

In 2004 the board was restructured in response to falling attendance at board meetings, ineffective communication channels, and a lack of clarity about the role of board members. The new structure consists of:

- **A Stakeholder Group**: a very large group of representatives of all agencies with an interest in SSHPW. It has no formal membership and has no specific tasks or formal powers, but acts as a ‘sounding board’. In principle, the Group is to meet twice annually, but it has not always been possible to hold meetings at this frequency.

- **The Management Board**: with ultimate responsibility for the delivery of the programme, and for agreeing all major policies. The Board has a maximum of eleven members, including at least two parents and the Lead and Accountable bodies. The Board meets every quarter.

- **Four Sub-Committees**: responsible for policy development in specific areas of the programme: Evaluation; Finance, Personnel and Resources; Community Development; Children’s and Families’ Services. There should be parent representation on each sub-committee.

- **The Parents’ Forum**: a group of parents that meet regularly to discuss ways of improving services at Sure Start Harlow. The parents’ forum has seats at the board.

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17 Source: Sure Start (2002) *A guide to planning and delivering your programme* London; Sure Start Unit
18 Sure Start Harlow (2004) *Annual Report*
There were only seven members attending Management Board meetings at the time of the evaluation, out of a maximum of eleven members. Of these, two were from the voluntary sector, and five from the statutory sector. There was no parent regularly attending board meetings at the time of interview.

In July 2004, the board made the decision to merge with the Children’s Centre Development Group (CCDG), chaired by the Director of Harlow Education Consortium. The first meeting of the two groups occurred in September 2005.

3.3 The Partnership Board

3.3.1 Data Collection

Interviews were carried out with the Chair of the Board at Harlow District Council (the Lead Agency), and representatives from Health (the local PCT), Education (a local school head teacher), Social Services (the social care department of Harlow Council) and Essex County Council (the Accountable Body). Questionnaires were returned from two representatives from the voluntary sector. The range of experience with Sure Start amongst those interviewed ranged from five years (from the inception of the programme) to one year. Some members, such as the chair, attended
board meetings frequently, whereas others attended meetings more intermittently.

Interviews focused upon the following: aims and objectives of the board (prevention); participation; leadership; communication and partnership working; the board’s structure and mainstreaming. Questionnaires probed board members for examples on what has worked well and what could be improved on the subjects of communication, management, partnership working, participation and strategy.

3.3.2 Introduction to the Board

Four members consulted had ‘inherited’ their place on the board after the previous person in their job role had left; the remaining three members, including the chair, had been there from the inception. Of the members who had come to the programme after its inception, none had any formal induction or training. Three of the four members said that they felt that they would have benefited from some training, in order to ‘have some understanding of how the board operates and what its responsibilities are.’ One member was not formally introduced to the board at their first meeting, but felt that the questions she raised about the processes and strategy of SSHPW at subsequent meetings were answered ‘supportively’, despite this lack of formal induction.

**Recommendation:** A formal procedure to welcome and introduce new members to the board should be put in place to help them to understand more clearly how the board operates and which aims and objectives they are working towards. This will ensure that board members are empowered to make a more effective contribution to making strategic decisions at board meetings. Inductions should include:

- An information pack
- A proper handover period if ‘inheriting’
3.3.3 Structure

“The structure works in theory…” Board Member

Evidence from interviews indicates that the recent restructure of the Board is having mixed success. Aims and objectives seem clearer as members concentrate more on strategic rather than operational issues, in separate sub-groups with more defined goals. The Terms of Reference for Sure Start sub-committees at SSHPW has clear instructions on the main tasks of all sub-groups and more defined tasks for each separate subgroup. Time can therefore be focused more effectively to generate informed decisions; one board member mentioned that “you get a much clearer view of what you are doing if you are in a small group.” Four out of the five members interviewed were clear about their role on the board; an improvement to the situation a year ago where roles and responsibilities were less clearly defined, evidenced through previous evaluation.

The restructure took place in response to a recommendation by the previous evaluators, demonstrating the responsive and dynamic nature of the board, and their willingness to change to meet new challenges, in line with Sure Start guidance.\(^\text{19}\) The Board recognised that it was too unwieldy and worked proactively through away days to come up with ways to work together more effectively. The achievements of some of the sub-groups, such as the Evaluation Sub-group effectively formulating a brief and starting up the evaluation process, demonstrates the ability of sub-groups to focus more closely upon certain aspects of the programme.

However, planning the board’s restructure to work more effectively has not been translated entirely into reality. Evidence from interviews indicates that some groups seem to be working better than others, and it has been recognised by five out of the seven board members consulted that although the restructure has worked “in theory” to meet the needs and

\(^{19}\) ‘The arrangements should be reviewed regularly to make sure they are still appropriate and meeting the needs of the programme and its vision”, DFES (2004) *Sure Start Guidance 2004-2006*, London; DFES
requirements of the partnership, many sub-group meetings are not taking place: one group has “fallen to pieces” according to the board member sitting on that group. Two board members consulted were concerned that the sub-groups they sat on were making little progress and meeting infrequently, whilst another felt that ‘too much time was spent on incidentals’ rather than on important matters.

Reasons for the lack of success of the sub-group structure, according to board members consulted, include:

- Lack of vision of what each sub-group is meant to be doing.
- Lack of communication between the board and sub-groups.
- Poor organisation and co-ordination of the sub-groups.

According to Sure Start guidance, forming smaller sub-groups can have the disadvantage of adding a further ‘layering’ and distancing between the board and partner agencies.\(^\text{20}\) In response to these problems, one member expressed the need to reinvent the board once more to reflect its new position as overseeing the wider Children’s Trust agenda. The board has begun to respond positively to new demands and challenges for the programme in adopting children’s centre status by making the decision in July 2005 to merge with CCDG.

**Recommendation:** In merging with the CCDG, the board should take the opportunity to review its structure once more. The board could review links and communications between sub-groups and the board, to avoid current problems of distancing and lack of co-ordination. ‘Champions’ to take responsibility for each sub-group, to make sure that meetings are organised and tasks are addressed, could also be elected to ensure that sub-groups are meeting their targets.

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3.3.4 Aims & Objectives

‘Ensure that your partnership has a common vision, a clear sense of identity and a shared understanding of the purpose for which the partnership has been formed.’ Sure Start Guidance, 2002

All board members have access to the partnership terms of reference, and all agreed in interview on the following aims and objectives of the partnership board:

1. To obtain a wider understanding of local needs and to ensure that the programme meets these needs.
2. To work together to ensure that the programme meets government objectives.
3. To oversee strategy and ensure that policies are consistent with targets.
4. To ensure that agencies are focusing upon the same goals to improve the lives of children and families.

Continuity in aims and objectives has benefited from the Chair’s position on the board right through from preliminary consultation with parents in the community, prior to the approval of the programme in Harlow, through to SSHPW’s emerging transition and mainstreaming to a children’s centre. The Chair has shown that she has initiated discussion over the lifetime of the board, through meetings and away days, to define targets and look at ways to meet government policy. The board has been proactive in meeting the challenges of personnel changes and a shifting agenda.

However, not all members of the partnership board agreed that the following objectives were relevant to SSHPW:

5. To provide support and guidance to programme staff, sub-groups and wider stakeholders
6. To realise the aims embodied in the Every Child Matters agenda
Firstly, there is lack of agreement from those interviewed on the extent to which the partnership board is responsible for overseeing the operational side of the programme. Three members said that they were not involved in the planning of services but that this should be one of the board’s functions. Two other board members did not see this as a function of the board and that part of the restructure was to change the focus of the work from operational to strategic.

Relaying information from operations to the partnership board occurs through the Programme Co-ordinator, who reports on monitoring information at every board meeting. This enables the board to receive a summary of operational management. Historically, according to the Programme Co-ordinator, there have been several discussions during board meetings as to the amount of information the Programme Co-ordinator should provide about operational issues. No consensus has been reached, however: current board members have commented on a lack of scope in the report to capture qualitative issues at the service level. This appears to have led to a distancing between the board and service providers; in the words of one board member, “we have little to do with service providers ...”

The board may decide that operations, including the planning of services and offering support and guidance to service providers, falls outside the board’s remit. All five service providers interviewed in the next stage of the evaluation were happy with the current level of support from the board. However, this would need to be made clear to all board members and service providers in order to clarify the role and focus of the board. On the other hand, the board could decide to take a more active role in overseeing the operational side of the programme and perhaps form an operations group consisting of the Programme Co-ordinator, and representatives from service providers, both from the programme team and partner agencies, who could report back in more detail upon operational issues. This group would need to be small with a very clear focus on reporting

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operational issues back to the board, in order to avoid overlapping with the role and tasks of the Stakeholder Group.

Secondly, only two out of the five members interviewed mentioned the Every Child Matters (ECM) agenda as part of the board’s aims and objectives. Understanding of the relationship of the ECM document to SSHPW was as follows:

- Mainstreaming the work begun by Sure Start local programmes
- Extending the work begun by Sure Start into wider areas
- Underpinning the work of SSHPW

Service providers are similarly at different stages in their understanding of the ECM document, as described below. Two away days with an external facilitator helped the board to define aims and objectives, yet it is clear that understanding about ECM is at different levels and are still not unanimous. Bringing all board members in line with working towards ECM outcomes will become more important as the programme takes on children’s centre status.

Some board members are actively embracing and tackling the ECM agenda, yet as one board member pointed out, current ‘inconsistency of approach’ is a barrier to effectively preparing to migrate to a children’s centre. Another commented that some organisations are ‘continuing to work in their traditional way and to their own organisational objectives as opposed to the joint ones.’

Recommendations:

- Members need to decide how far the board should be involved in the operational side of the programme, and take steps to communicate the decision to service providers and all board members, in order to bring expectations of the board in line.
- The board needs to ensure that all members are working towards the newest policy measures in the sector; in this case the Every Child Matters agenda. Merging with the CCDG could provide a natural break
for the board to review their status and the relationship between ECM outcomes and the programme.

- The partnership board could review the aims and objectives at least annually\(^\text{22}\) to maintain focus and to ensure that all members are working towards the same aim. This would also help members who are new to the board to have a clearer understanding of the board’s vision and even help to formulate new goals, should the board need to transform to meet new challenges.

### 3.3.5 Communication and Partnership Working

‘Working in partnership is central to Sure Start...where there are problems with the partnership, the programme tends to have difficulties too.’ Sure Start Guidance Document, 2002

#### Representation and Attendance

The board benefits from the wealth of experience provided by representatives of different departments in the statutory authority. Representation from Essex County Council is good; as the accountable body, and as the agency responsible for realising the expansion of children’s centres across Harlow, a consistent representation is critical if good practice and local experience is to inform the development of other children’s centres in the town.

Representation from the voluntary sector, however, is more scarce; out of the seven board members taking part in the evaluation, only two were from the voluntary sector. During consultation, board members were asked which agencies they felt were not represented on the board.

\(^{22}\) ‘The vision should be rearticulated as the programme develops to make sure that it is still relevant and that all partners continue to be behind it. One way is to review it annually’, in DfES (2004) *Sure Start Guidance 2004-2006*, London, DfES
Table 1: showing the agencies that are not currently represented adequately on the partnership board, with comments by board members as to the possible reasons for their absence

<table>
<thead>
<tr>
<th>Agency</th>
<th>No. of respondents</th>
<th>Possible Reasons for Absence</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME communities</td>
<td>4</td>
<td>Hard to get minority groups on board without it being tokenistic. A BME forum would ‘not be representative of the local community, and no representation is better than a fake representation’</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
<td>No reason given</td>
</tr>
<tr>
<td>Police</td>
<td>1</td>
<td>‘Community officers develop strong links and then get whisked off...levels of trust and relationships then die out very quickly.’</td>
</tr>
<tr>
<td>Social Services</td>
<td>3</td>
<td>‘Workloads are extreme...poor levels of staff with severe restrictions on time...we would benefit hugely from more input from social care but understand their limitations.’</td>
</tr>
<tr>
<td>Voluntary Sector</td>
<td>2</td>
<td>One board member from the voluntary sector interviewed commented that they did not have adequate time and resources to act as an effective member of the partnership; another member commented that they felt that they were ‘not proactive enough.’</td>
</tr>
</tbody>
</table>

The chair and four board members interviewed commented on the poor attendance from some agencies; sometimes board meetings have only four or five members. Those members who attend board meetings more infrequently however, when questioned about whether they believed that all agencies were adequately represented on the board, replied that they believed there was a ‘reasonable showing of people.’ Small numbers on the management board reduce the possibility for dynamic discussion around issues at SSHPW, which may have become ‘a formality’ according to one board member.

Possible reasons for the absence of some board members from meetings include underresourcing in some services; for example, one board member has recently had to take on the running of the department in another community and hence has not been able to attend for nearly six months.
Another reason could be that agencies are not interested when the Sure Start programme is not directly having an impact, positively or negatively, upon their organisation. This, however, goes against the Sure Start ethos: ‘partners should not join Sure Start simply to get additional funding for their agency or to further their own cause...often this is to do with a lack of understanding about what partnership working involves...’\textsuperscript{23} Merging with the CCDG should rekindle enthusiasm in attending the board to work on new initiatives. There has also been recent discussion about putting in a system whereby if a member cannot attend, they will send a deputy in their place.

\textbf{Communication}

According to interviews with the Chair and Programme Co-ordinator, the Board initially worked extremely effectively in forging relationships with partners in Harlow, developing a holistic programme linked in to a variety of services that is capable of meeting the needs of the local community. However, there is considerable disagreement amongst board members as to the efficiency of communication within the partnership, highlighted in interviews and questionnaires with all board members. The issue is tightly knit up with the problem of attendance at board meetings; during interviews, it emerged that those attending meetings regularly were more satisfied with communications than those who have not been attending. Disagreements have focused upon the following:

1. **Dates and times of meetings** are seen by some as being agreed well in advance, whilst another member appealed for an improvement in the system of establishing quarterly meetings in advance.

2. One member commented that actions resulting from discussions are “always followed up and \textit{communicated to those absent},” whilst two other members do not feel that communication channels are good. One of these members said in interview that “I feel I receive very little information about what is going on”.

3. **Interaction between members outside of meetings** seems to be happening in some areas but not others. One member enthusiastically maintained that “the board has brought together a group of agencies that are really beginning to interact with each other”, whereas another felt that communications were only effective between some members and not others, and during interview appealed for a more consistent approach.

Sub-groups have not been meeting according to two board members, and communications between certain parties have since broken down. The recent introduction of the system of sending deputies to the management board and sub-groups if a member cannot attend should help improve this. There also needs to be a robust system to communicate dates and times of meetings, minutes of meetings, actions and responsibilities when members cannot meet.

Members were unanimous that the board was well chaired, and that everyone had the opportunity to contribute. Important decisions and issues are also fed into the local CYPSYP through the dissemination of minutes to their large body of stakeholders.

**Recommendations:**

- For the board at SSHPW to work with maximum efficiency with the CCDG to realise the successful development of four more children’s centres in the town, gaps in BME and voluntary sector representation need to be closed. Active recruitment of new board members should be initiated so that there is guidance and expertise in place to meet the varying needs of different communities in Harlow.

- Board members should ensure that they have a **named** deputy who is aware of the board and its decisions. The Board needs to ensure that deputies attend if members are unavailable for meetings. Continued absence from the same department may lead to less well-informed decisions if the expertise is missing. This is a responsibility of all board members, and needs to be expressed clearly in order that all board
members have the same understanding of the expectations placed upon them.\textsuperscript{24}

### 3.3.6 Participation

"The parents’ forum is an ever changing animal..." Board Member

Initially, community representation on the board was vociferous and well facilitated, according to interviews with the Chair, Programme Co-ordinator and Operations Manager. However, the presence of parents and carers on the board has recently become more sporadic, with mixed success. Parents from the Forum are encouraged to participate by being invited to board meetings and were initially given training in the skills needed to contribute to board meetings, according to the Operations Manager and interviews with previous members of the Parents’ Forum. Evidence from interviews indicates that parents took a very active role in the beginning and intermittently throughout the history of the programme.

However, the present Parents’ Forum is not a strong group and lacks confidence. This is demonstrated by discussion with parents on the current forum during the co-evaluation process, by interviews with board members, and during interviews with the Operations Manager and Programme Co-ordinator. All seven board members consulted would like to see more user involvement, as there is a general recognition that issues from parents have not been reaching the board in a long time.

Reasons for the present lack of user involvement, identified through all seven interviews at board level, include the following:

- Lack of co-operation and organisation within the current parents’ forum; parents not as enthusiastic and energetic as parents in previous forums.

\textsuperscript{24} ‘Partners will be asked to contribute knowledge and expertise from their own field and time to make the partnership work’, DfES (2004) Sure Start Guidance 2004-2006, London; DfES
• Parents resigning from the forum when they are no longer eligible to use Sure Start services, because their children become too old, are not effectively transferring skills and knowledge to new members.

• Parents are given autonomy but not the skills and confidence to match. According to the Programme Co-ordinator, discussions took place with the programme team over training members of the forum, with the decision that more parents were required to sit on the forum for training to be cost-effective and therefore worthwhile providing.

Communication breakdown between staff and parents means that issues are not brought to the board through providers. The increasing distance between board and service providers highlighted earlier does not help parents to reach the board through the providers of the services that they access.

These issues need to be resolved at both operational and strategic level to help parents create another functional forum. More time needs to be invested into enabling parents to reach their potential by developing their skills to participate. The board needs to ensure both strategic and operational commitment to parent participation, including funding for formal training for parents.

On the other hand, support for parents and their ideas can only be provided according to allocated space in the budget, and the chair is careful to always say why an idea has been turned down. There is also the concern of ‘evaluation fatigue’ where parents tire of having to answer questions; a future ‘fun’ consultation event has been planned to accompany the opening of the new building.

Previous parents’ forums have been extremely active in bringing ideas and feedback to the board. Examples of where the board has responded to the wishes of parents during previous consultation exercises include:

• The expansion of the ‘baby massage’ service to all mothers, rather than just those with postnatal depression.
• Creating a space for mothers to leave their buggies when they come to the centre.

Three board members were interested in increasing the focus upon the participation of children in informing decisions at SSHPW. One board member believes that the programme is “so clued in to the views of parents and carers...this is the one area we're missing...”

**Recommendations:**

- Formal training for parents on assertiveness, organisation, minute-taking and other skills needed to be an effective member of a forum needs to be provided for the current Parent’s Forum. A procedure needs to be put into place to ensure that each time a group is reformed, they undertake the same training to give them the same opportunity to contribute as previous forums (please see further details in the ‘Service User’ section).
- The board could look at ways to include children in service planning and development.

**3.3.7 Performance of the Board**

“We were very active and involved early on...but much, much less so now...” Board Member

**Achievements**

The performance of the programme within its own parameters is effective and successful, as evidenced by the fact that the programme is continuing to meet targets according to the monitoring data, to review and transform itself in the light of policy changes and new challenges, and by providing services that meet many outcomes simultaneously.

Board members were asked about the achievements of the board to date. Those identified were:
• Effective multi-agency working. Working with voluntary agencies has freed up resource in statutory departments such as health and social care. Making links with agencies such as Jobcentre Plus will be pivotal in moving the children’s centre agenda forward in other wards across Harlow, as these existing relationships can be sustained across new communities.

• Planning and realising the building of the new children’s centre.

• Effective partnership working between board members and outwardly with the CYPsYP and other organisations working with children.

• Instatement of the Operations Manager has seen a vast improvement in the management and co-ordination of services, as service providers’ roles have become “more focused” and hence more effective. Interviews with board members indicate that the programme has become “more professional” with “more evidence of structure”, as service providers now have regular one-to-ones, leading to a more supportive and ‘happier’ team.

• Gaining successful representation of parents on the board in previous parents forums, leading to some previous forum members obtaining employment.

The decision to employ a worker from Women’s Aid directly is a good example of the board accepting and responding to challenges swiftly and practically. There was a recognition that the Women’s Aid agenda did not fit into Sure Start policies and ethos; Women’s Aid workers were being changed frequently, upsetting relationships of trust between worker and user. This prompted a change in the role of the Women’s Aid worker to come directly under SSHPW. This has led to a more successful relationship where information is able to be shared more effectively, referrals to other services are easier to make, and accountability to Sure Start has meant that the team can now monitor the service for successes, gaps, and examples of good practice.

Two out of five members of the board that were interviewed did not feel that there were any objectives, within the control of the board, that were
failing to be met. The three remaining members mentioned some **gaps in service provision**, as follows:

- Speech and language therapy
- Special needs

The provision of speech and language therapy is improving at the centre, with a ‘Boo to Boomerang’ course being led, enjoying good levels of attendance according to the Programme Co-ordinator. The Children’s Occupational Therapists at Sure Start services, including Busy Bees, Bouncy Bears, Bonnie Bunnies and individual assessments, are also helping to bridge this gap.

There are still problems however, despite great efforts to recruit somebody into the post of Pre-school Teacher, to recognise and help children with special needs (please see Section 4 for more information). An interview with a local head teacher on the board indicated that special needs have not been picked up on at the Sure Start centre before the child has started school. However, evidence from assessment with the Occupational Therapy (OT) Team has highlighted that some children are being picked up for special needs, such as downs syndrome. For example, two children picked up with special needs by the OT service are now walking, and OT activities are adapted should a child attending have special needs.

**Prevention**

All members mentioned the difficulties in trying to measure how well the programme is meeting targets on **prevention**. However, during interviews board members were asked about how effectively information is being shared between agencies to prevent children from ‘slipping through the net’.

Generally, partnership working and information sharing was seen to be effective, with proven links being made between Health Visitors and Sure
Start, and voluntary agencies such as Homestart and Sure Start, amongst other partnerships. A representative from Essex County Council has commented on the fact that SSHPW has taken pressure off of social care, allowing them to concentrate on more needy families. This means that the family liaison worker can work with families before they reach crisis point and need the intervention of social care. One board member, however, felt that information was not being shared adequately with some agencies, who were more reticent in contributing information on families under their care.

**Monitoring**

There are significant problems with the accuracy of the monitoring data, as uncovered in the non-user analysis below. Reliance upon this data therefore as the sole source of how well the programme is progressing is unsatisfactory. Strategic decisions are made on the basis of these figures, which are filtered before they reach the board. The board needs to be sure about the accuracy of these figures in order to ensure robust and accurate decision making.

Discussion with the Programme Co-ordinator indicates positive movements to improve the accuracy and timeliness of monitoring data. Training and discussion with service staff and partners has begun across the programme. For example, an away day took place in 2005, concentrating specifically on monitoring and reflexive practice. It has been recognised by the Programme Co-ordinator that there are gaps in the monitoring data and there have been problems in engaging partners in the overall process. For the monitoring process to work effectively, all partners need to ensure that they contribute accurate data and feed into the process as appropriate.

There is no evidence that children who have accessed Sure Start services are being monitored on their performance at school. During interview, a local head teacher on the board said that she does not always know which children have used Sure Start, and pointed out the possibility of inserting a question on a school admissions form of ‘have you used Sure Start?’.
Recommendations:

- The system of monitoring needs to be reviewed as a matter of urgency to ensure that figures are accurate and can form a reliable basis upon which the board can make strategic decisions. Unreliable and false data can have serious repercussions if important issues surrounding attendance and service reach are misreported.  
- Providing means to identify children who have used Sure Start in local schools would allow SSHPW to more accurately track the effect of the programme on local children as they progress onto mainstream education. This forms part of the responsibilities of the pre-school teacher, who is not yet in post.  
- A pre-school teacher needs to be employed to work with children at SSHPW as a matter of priority. This could be through a consultancy basis, in the same way that Speech and Language Therapy is now outsourced to a consultant, should there continue to be problems in recruiting a teacher in a permanent capacity.

3.3.8 Reach of the Programme

“There are some great success stories but some are still slipping through the net, through reluctance and fear to engage...” Board Member

Three out of five board members believe that the programme is meeting those most in need. Evidence for this includes:

- Effective partnership working, especially between Health Visitors, who visit all new births in the area, and Sure Start, has meant that families are swiftly signposted to other services who can help them.  
- Workers in social care have reported back that the families they have seen are being referred to Sure Start.  
- The family liaison worker and family support workers are in place to help deal with those families in crisis point.  
- Sure Start has a good relationship with traveller families living in the area, some of whom access the centre.
• Black and ethnic minorities are using the centre, evidenced by monitoring information.
• A member of Women’s Aid is now employed directly by Sure Start to work with vulnerable women experiencing abuse.
• Effective advertising, including adverts for free trips to the seaside, has helped ‘get families in the door’ who might not otherwise use Sure Start.

One member believed that the programme is reaching only the ‘next tier up’ from those most in need. There are still gaps surrounding the representation of BME communities on the board, and the provision of services surrounding special needs, as mentioned above. However, SSHPW cannot overcome the fact that ‘some people just don’t feel that they need Sure Start services.’

3.4 Moving towards a Children’s Centre Status

3.4.1 The board

“We need to put energy into it; we need to want it to work, perhaps to suspend disbelief…” Board Member

The merging of the SSHPW partnership board and the Children’s Centre Development Group (CCDG) in July 2005 has been embraced across the board as a “massive step in the right direction,” according to the Chair. SSHPW is now in a very good position to help inform the development of a new centre in Hare Street, and plans for the development of three more satellite centres in the town. They are broaching the issue of extended schools and discussions on linking services in the new areas have already taken place. Board members do not expect Sure Start services to change significantly in the new centre.

There are, however, still challenges to mainstreaming services, and these have been recognised by the board. Finances are the key barrier here; one board member expressed in interview that “most of the agencies haven’t done much about mainstreaming...for some services the money will run out, and it looks like it will just stop...”. Expectations of the continuation of
important services such as midwifery and health visiting in the Sure Start area in Harlow have been raised, however. Two board members are sceptical about the prospect of a smooth progression to mainstreaming these services once the funding is removed; according to one board member, “this was flagged up in the development plan...but we’re not necessarily prepared...”.

However, partnership working embedded in the SSHPW programme should help bridge some gaps left by decommissioned services. Professionals across Health, Education and Social Care, along with voluntary agencies, are talking to each other more and are therefore better able to refer families to other services so that their needs can be met more holistically. Maintaining interest in SSHPW as the trailblazer for other children’s centres in the town should be the focus of the new board if it is to avoid a drop-off in attendance and commitment after the initial push.

3.4.2 The building

“We now have an environment that is cared-for, bright and stimulating, and everybody deserves it.” Board Member

The new building is seen as testimony to the commitment of the programme at SSHPW to the principle of participation and of responding to local needs. The new children’s centre has been designed and built to the specification of the users. “The first thing we did was to invite Health Visitors and parents to meet with architects to say what they wanted...”, according to the Chair. Three board members commented on how consulting with parents on what they want, and then delivering results according to their wishes, should have some impact on the confidence of parents in the participative and responsive culture of SSHPW. One board member commented in interview that the new centre “will be a tremendous boost to feel that they (the parents) are worth something - more than a little old building that is falling down...”.

All five board members agreed that the new centre would help to improve access; the entrance to the old centre was commented on by three board
members as ‘unwelcoming’, and the new building will give more incentive for parents who may not have used the centre before to see what facilities they have. The new building will also be in better repair; many of the non-users interviewed commented that they did not want to attend the current centre because it looked ‘dirty’ and ‘unsafe.’ The new building should remove this barrier.

3.4.3 The policy

“We have a cast iron commitment to making services accessible, and to making sure the client group shape them...” Chair of the CCDG

It has been acknowledged by both partnership and service providers that a continual challenge in delivering the local programme in Harlow is keeping up with changes in government targets and national policy aims. Guidance to help local programmes develop the next phase of the government’s strategy to deliver better outcomes for children and families includes directives on what children’s centres must offer.25 SSHPW already has services in place to meet the three areas that children’s centres need to cater for. However, important points for SSHPW to consider within those areas include:

- **Early education integrated with childcare**, including ‘Early identification of children with special needs and disabilities with inclusive services and support for their families.’ *A Pre-school Teacher is still not in post.*

- **Family support and outreach to parents**

- **Child and Family Health Services**, including ‘Identification, support and care for those suffering from maternal depression, antenatally and post-natally.’ *There is no representation on the board from Mental Health.*

- **Links with Jobcentre Plus**, and Children’s Information Services. *Although information is shared, advisors from Jobcentre Plus no longer visit the centre due to poor attendance of parents.*

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25 ‘Children’s Centres – Developing integrated services for young children and their families’ in Sure Start, *Start Up Guidance* (2003), London; Sure Start Unit
A telephone interview was conducted with the Director of Harlow Education Consortium, who is currently chair of the Children’s Centre Development Group (CCDG). The group has put together a proposal for a network of children centres across Harlow, for which SSHPW will be the blueprint. The Chair envisages that the new centres will replicate the successful partnership working of SSHPW, and outreach services can be ‘brokered for all children centres in one hit.’ Previous participation work around the parent’s forum has helped inform the design of Hare Street, along with a Fun Day organised to display plans and generate discussion with the community around the development of children’s centres in Harlow. The Chair believes the group to be ‘half way prepared’ to meet targets on children’s centres by using existing structures.

3.5 Overall Conclusions

This section focused upon the board’s structure and working processes, including partnership working, communications and participation; the strategic impact of the work of the board, including meeting local government targets and targets on prevention and working towards ECM outcomes, was also examined.

The board has worked hard to restructure itself following difficulties surrounding communication, focus and attendance, by establishing sub-groups and working together on away days to help focus more effectively on Sure Start targets. The evaluation sub-group has successfully launched the evaluation. However, the majority of board members see the sub-groups as failing to meet its aim of focusing upon strategy more efficiently. The sub-group structure appears to have broken down with some sub-groups failing to meet due to lack of commitment, poor organisation and lack of clarity as to what the sub-groups are meant to achieve.

The board has grappled with low attendance over its lifetime and is continuing to suffer from poor turnouts at meetings, due mainly to the lack of capacity of partner agencies to attend. The decision to merge with the
CCEG should help to rekindle interest and attendance, but the board needs to ensure that partners do send deputies if they still cannot attend. Furthermore, work on aims and objectives have brought members of the board in line to work on common issues and interests, yet the processes to realise these strategic aims, including communication procedures to work with agencies that fail to attend board meetings, are not yet in place.

The board is well chaired, where all board members feel that they have the opportunity to contribute, and roles of board members are generally clear. There are still differences of opinion surrounding the board’s strategy on working towards ECM outcomes, with some agencies embracing the agenda and others working towards more traditional agendas.

Initial success in involving parents in strategic decisions has given way to apathy and a complete lack of parental involvement on the board. Where parents have had the capacity to participate, the board has welcomed their ideas and responded. However, lack of formal training and personality issues are current barriers to the successful participation of parents and need to be addressed on an operational level. Increasing the opportunities for children to participate is another outstanding opportunity for the board.

The board is working towards reaching the hard-to-reach, including travellers and ethnic minorities, as evidenced through the monitoring information. However, BME communities are still not represented on the board. The board has succeeded in building a children’s centre with extensive consultation with the local community. Merging with the CCEG and preliminary discussions with them has shown that the board are beginning to grapple with the transition to children’s centre status. Overall, the partnership has been successful in creating and delivering a strategy that is working significantly towards meeting the needs of the local community and has a positive impact in the Sure Start area; however, working processes and communication channels need to be refined if the board is to work at maximum efficiency.
### 3.5.1 SWOT analysis

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
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</thead>
<tbody>
<tr>
<td>• Wealth and breadth of experience and knowledge of board members</td>
<td>• Commitment and attendance at board meetings</td>
</tr>
<tr>
<td>• History of inclusion of parents on the partnership</td>
<td>• Still some lack of clarity over aims and objectives</td>
</tr>
<tr>
<td>• Responsive to new policy demands and challenges</td>
<td>• Lack of co-ordination of sub-groups</td>
</tr>
<tr>
<td>• Effective leadership by the chair</td>
<td>• Representation from BME communities</td>
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<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Forging effective partnerships with other agencies on the CCDG</td>
<td>• Continued absence of a pre-school teacher reduces capacity to identify special needs</td>
</tr>
<tr>
<td>• Informing the delivery programme of services in other children centres in Harlow</td>
<td>• Communication problems could hinder effective mainstreaming and development of other children’s centres</td>
</tr>
<tr>
<td>• Increasing access of parents with the new building</td>
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### 3.6 Recommendations

The following recommendations have arisen from the strategic evaluation:

**SSHPW should:**

**Aims and Objectives**

- Establish a system to review aims and objectives annually to reflect policy changes in the sector and bring all members up to speed.
- Review understanding of the Every Child Matters agenda.
**Internal Processes**
- Create a formal induction process to welcome and introduce new members to the board, ensuring timely overlap of substitution.
- Develop communication channels between board members, sub-groups and deputies further to ensure that all involved understand commitments and actions expected of board and sub-group members.

**Structure**
- Review the structure of the board in the merge with the CCDG to improve the sub-group structure, possibly by electing ‘champions’ or key leads for each sub-group.
- If appropriate, create an Operations Group to oversee the operations side of the programme and feed operational issues more effectively into the board.

**Participation**
- Improve BME representation on the board.
- Ensure that formal training for parents is provided to improve their capacity to participate on the board.
- Enhance strategic commitment to the principle of participation of service users.
4. SERVICE PROVIDER LEVEL

This section provides an assessment of the services being provided by SSHPW. Service provision at SSHPW is complex as some services are provided by staff in-house whereas others are delivered as outreach services and by co-agencies.

The focus of the section is to find out how well the programme is performing in terms of its working practices: the processes involved in making positive change happen for local children and families.

All fifteen services that were running at the beginning of the evaluation (January 2004), were asked to fill in a self-assessment questionnaire. In-depth, face-to-face interviews took place with five service providers, the Operations Manager and the Programme Co-ordinator. Informal telephone interviews took place with two other members of the programme team.

4.1 The Programme Team

The programme team is made up of the following:

- Programme Co-ordinator
- Operations Manager
- Family Liaison Worker/Social Worker
- Women’s Aid Outreach Worker
- Five Sure Start Workers
- Finance Officer
- Administrative Officer
- Part time Administrative Assistant
- Centre Maintenance/Cleaner

Partner agency posts funded by SSHPW include:

- Family Centre Officer, Kingsmoor House Pre-School Unit
- Two Community Midwives
4.2 Service Overview

“A dynamic, integrated and highly valued package of services” Chair of the Board

Evidence from a review of the literature surrounding services and activities at SSHPW indicates that the programme provides a wide range of services for parents and children in the Sure Start area. According to the Programme Co-ordinator, the ethos of SSHPW is to provide services that are designed to be of ‘multiple value;’ to meet a variety of ECM outcomes and Sure Start targets. Six services out of the fifteen who returned the service provider questionnaires mentioned over ten outcomes that the service is designed to reach, spreading across all five ECM outcome areas. Breadth of activities have also improved, with more services for babies in 2005 than there were in 2003, according to interviews with the Programme Co-ordinator and Operations Manager.

Where there is a poverty of ambition of families in Harlow, where parents do not have high expectations as to what they can achieve, parents can come to the centre to find out about new opportunities and access new services designed to help family members to reach their potential. The Programme Co-ordinator gave an example in interview of how a mother became very interested in Occupational Therapy and has now begun looking at training in the field. This focus is manifested in the focus of services at SSHPW: eleven out of the fifteen services that underwent evaluation and returned a service provider questionnaire mentioned ‘confidence building’ as one of the service’s objective areas.
In terms of **operational structure**, the role of in-house staff has recently been reviewed, with the result that the team has been split into two groups. Some staff now work more intensely on providing outreach services, whereas another group focuses more specifically on developing services in-house. This has, according to the Operations Manager, allowed Sure Start workers to focus more clearly and directly on parts of the service with the result that they have improved in efficiency and staff are more comfortable by knowing their boundaries, roles and responsibilities.

**Patterns of use,** evidenced from interviews with 24 parents and supported by the user questionnaire findings, show that parents who access Sure Start services mainly use more than one service. Family members tended to attend two or three services throughout the week. Out of 25 parents interviewed in this section, only four parents used only one Sure Start service. One enthusiastic parent, when asked which activities she attends, said emphatically that she attends “Everything! Ever since it opened!”. This meant that tracking outcomes according to specific services was very difficult: benefits of attending services tended to build upon each other. For example, an increase in confidence through attending family pop-in sessions may lead a parent to attend a ‘Storysacks’ course, and then go on to a longer and more intensive course, such as a Certificate in Pre-school Practice. Attending a range of complementary Sure Start services is part of the ethos at SSHPW, providing a holistic and well-rounded package of services.

Formal discussion with parents at the co-evaluator training raised the issue of there being insufficient parent-focused activities (see page 153). Discussion with the Programme Co-ordinator however highlighted the proactive approach of SSHPW to ensuring a balance between adult and children-focused services. Indeed, through the evaluation selection of services for detailed evaluation (see Appendix 1), it is evident that there is in fact a clear balance between parent and child-focused activities.
4.3 Detailed Analysis of Five Services

Five services were selected for deeper analysis, according to the selection criteria stated in the methodology section. Interviews with parents and providers of these services complemented and built upon responses in the user and provider questionnaires. Interviews provided a fuller and more comprehensive account of the processes involved in providing the services and their impact on the lives of children and families who access them.

Questions to ask service users during interviews were created and developed by parents from the Parents Forum. Enabling parents to choose the questions helped involve them in the evaluation process, ensured that questions were relevant and were worded appropriately. It also ensured that parents prioritised questions and then found out the answers themselves.

This section looks at the results of interviews with providers and users of the five selected services. Face-to-face interviews with providers focused upon the following areas: service structure; aims and objectives of the service; service delivery; monitoring and evaluation; communication and partnership working; internal links and mainstreaming. These areas are aspects of the ‘process’ of providing services at SSHPW, as mentioned in the evaluation methodology. Face-to-face interviews with service users focused upon how easy it is to access the service; parents’ motivation for coming to the service and how satisfied parents were with service activities, resources and service staff. These areas are aspects of the ‘impact’ that service providers may be having on service users.

4.3.1 Family Pop-ins

The evaluation of this service consisted of a one-to-one interview with a Sure Start worker, who helps to organise and run the pop-ins; seven interviews with parents who use the drop-in service, and an observation of a two-hour drop-in session. The service provider has been working at Sure Start for four years and has been involved in the pop-ins from the beginning.
(i) Service Description

This service was **set-up** in order to respond to an overwhelming demand from local parents to have a space in the community where they could meet up with each other whilst their children could play. Once named ‘drop-ins’, the ‘pop-ins’ were renamed according to parents’ wishes, and take place at the Sure Start Centre, where children have access to toys, early learning materials, and opportunities for physical activity. The pop-in also incorporates a regular ‘messy play’ session where children have the opportunity to take part in a planned activity, the chance to make new friends, and the freedom to be creative in an environment away from home.

The pop-ins **run** three times per week, on a Monday, Wednesday and Friday, for two hours, four hours and two and a half hours respectively. The pop-ins are planned with different themes that may run for two to three weeks, such as ‘healthy eating.’ Activities are planned around the subject, such as bringing in healthy foods to eat. Three Sure Start Workers help to manage and run the pop-ins.

The **aim** of the pop-ins is to provide ‘good quality play and early-learning opportunities for children; to break down social isolation; and to break down barriers between professionals and the public.’

To achieve these aims, pop-ins are provided in a space that is ‘active and inviting’; somewhere that parents want to come and bring their children to play. Activities such as messy play and painting help stimulate children’s minds and creativity, and parents are encouraged to take away creative ideas to play with their children to use at home. Parents have the opportunity to make new friends, and access support from other parents, members of the Parent’s Forum and Sure Start staff.

Parents also have access to other professionals at the pop-in, such as the Health Visiting Team and Children’s Occupational Therapist. Bringing in

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professionals to the pop-ins to talk informally about parents’ concerns has brought about a fundamental **change** in the way services are delivered, by overcoming traditional ‘power’ relationships and allowing parents to talk comfortably in a familiar environment.

Service providers selected for detailed analysis were asked to give examples of how their service is working towards meeting the five ECM outcome areas. The table below shows how services provided by the pop-in sessions help to meet ECM outcomes.

**Table 1: showing how family pop-ins are working towards meeting ECM outcomes**

<table>
<thead>
<tr>
<th>ECM Outcome Area</th>
<th>Service Provision</th>
</tr>
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| **Be Healthy**   | • Have provided a ‘healthy eating’ week to encourage children and parents to be aware of what is good food  
• Board with information on healthiness  
• Children are taught to deal with their emotions |
| **Stay Safe**    | • Equipment surrounding child safety is sold at the sessions  
• Children are encouraged to wipe up mess and spilt water |
| **Enjoy & Achieve** | • Using Storysacks in the sessions  
• Drawing and painting activities  
• Engaging children in communication through talking about the activities  
• Events such as Essex libraries attending to read to the children and talk about books |
| **Make a Positive Contribution** | • ‘Let’s Pretend’ role play to help children learn how to make friends with other children  
• Friendships developed between parents and children  
• Development of connections with Sure Start and the wider community  
• Holding events for significant community occasions such as Christmas and holding a ‘bye to the old building’ party.  
• Children are given choices about what they want to do |
| **Achieve Economic Wellbeing** | • Jobcentre Plus has attended to talk about benefits |
The service provider mentioned that she has not done an activity specifically surrounding children’s safety; she said that she would like to do this in the future.

**(ii) Service Delivery**

Service providers selected for detailed analysis were asked during interview to identify what they believed to be the service’ main achievement, and to provide evidence for how the service has made the achievement:

**Main achievement (Family Pop-ins) - preventing isolation and promoting social inclusion.** For example, one lone parent has become very involved in the centre through attending the family pop-ins, and has mentioned that she would be “very lost and alone” without having somewhere regular to come with her daughter, as she is on her own at home.

Pop-ins are **planned** in advance using a standard sheet that helps staff to look at what activities they will be providing and what themes have been suggested. The use of ‘themes’ for the pop-ins has helped providers to focus more upon specific *Birth to Three Matters* targets. There is capacity within the pop-ins to hold a great number of parents: the provider has ‘never had to turn anyone away.’ However, with less space in the new building, The provider is unsure as to whether pop-ins may reach full capacity.

Difficulties with **monitoring** have been identified at the service. At the pop-in, it is difficult to ensure that everyone signs a form when there is a large attendance at the service, or if people come in half-way through the session. Joining forms are issued however, collecting data on family demographics and information on children’s special needs. Attendance is also recorded via the central signing-in sheet at reception.
In terms of **reach**, the service is accessible to all, and benefits from being open at different times and days during the week. People are referred through Health Visitors, Midwives and occasionally Social Services. However, it has been recognised that it is ‘hard to walk into a group of strangers.’ To overcome this, service staff employ a range of techniques to promote inclusion and build confidence, including:

- Meeting together to talk about working with specific people to improve their confidence and encourage them to participate in activities
- Calling people at home to let them know that they will ‘be there when you attend’
- Providing newcomers with a guided tour of the building
- Helping some parents with transport to the centre to attend pop-ins

It has been recognised that some parents find it hard to let go of the centre when their children become too old to access the programme or they move out of the area. One parent interviewed at a pop-in session expressed the **relationship** as: “I’m going to be so alone and out on my ear...they [service staff] have become my daily family...when she goes to school I won’t have anyone...”. Some parents become dependent upon the centre and staff for their encouragement and support. Sure Start workers on the outreach team do have processes in place however to help provide some **continuity of care** by continuing to see families for a short while afterwards, signposting them to services in the community for older children, and helping them to talk to the school. Staff also prepare parents for leaving the centre by getting them together with others who used to access the centre for mutual support, and start to talk about disengaging from the centre before it happens.

**Possible impact of stopping the service:** parents may be less supported in looking after their children and providing them with new experiences and different activities, fewer opportunities for social interaction for children and their parents. Lack of free community services in deprived areas may become even more severe.
(iii) Partnership Working

The fact that staff help to create, co-ordinate, manage and deliver many different in-house services, working with each other on different projects, has meant that ideas and good practice are disseminated in-house as a matter of course. Themes for pop-ins have come about from all staff at the centre, informally and at weekly team meetings.

Partnership working with external agencies is good, with representatives from Jobcentre Plus, Health and Education attending pop-in sessions. The relationship with Social Services is more irregular.

Information on upcoming themes is disseminated to parents informally through talking at the sessions, and by way of a sheet on the notice board. Mail shots regarding new activities and new timetables are sent to all eligible families in the Sure Start area regularly.

(iv) Participation

Attendance figures are regularly reviewed and if attendance is poor, staff consider changing the times of the pop-ins, in consultation with parents attending the service and members of the Parents’ Forum. Evidence from interviews with the service provider and parents who have previously sat on the Parents’ Forum has shown that parents were much more involved in the service initially, coming in on a rota to support and help run activities, but are not so involved now that employed staff can co-ordinate the sessions. Through interview it was identified that moving control from parents to service providers may have created a barrier. Staff now have to work to keep parents motivated to participate: "I’d certainly like to encourage them to think about themes for the sessions”.

Evidence indicates that there are difficulties balancing parents’ wishes for services to meet their own needs, with service providers’ commitment to putting the needs of the children first. For example, some parents have complained that messy play is “too messy”, yet consulting with the
children has demonstrated that this is a favourite activity. A compromise was therefore made so that there would be no messy play whilst the children were eating.

In terms of children’s participation, children are often asked to put smiley faces on things and activities that they like, to help providers to see which activities are the most popular. Children are always asked what activity they would like to do and are given choices about where they would like to go in the centre.

(v) Observation, Monday 25 July 2005, 12pm-2pm

Five parents and one childminder, all female, attended the family pop-in session, each accompanied by one child, between the ages of two and four. Attendance was small due to the fact that it was the first day of the school holidays. Children arrived between the times of 12.45pm and 1.30pm. Two crèche workers were on duty and one Sure Start Worker organised and delivered the session.

The pop-in was a regular Monday afternoon session, with the theme of ‘healthy eating;’ healthy food was available to eat on separate tables to where the activities were being delivered. Three tables sported activities around play dough, sponge printing, and glue and glitter painting. Each child had the opportunity to participate in one or all of the activities, supported by the service provider and the crèche workers, with whom children were relaxed and comfortable. This gave parents the opportunity to sit apart and talk to each other or to the service providers.

The service was very informal and activities took place at different times, according to the speed and wishes of the children. Despite low attendance, it was clear that the children were very relaxed and at home among the activities and had no problems disengaging from their parents. They were allowed to make their own choices as to the activities they wished to do, and mixed with the other children easily. Parents were relaxed, but stuck to their own friendship groups. There was no mixing between the ‘newer’
parents who had only started coming to the pop-ins more recently, and the more longstanding members. It often seemed as if some parents attending the service were simply using the service to ‘wait’ for another service, such as Music Shakers, which takes place after the group.

(vi) Impact on Service Users

Seven parents were interviewed about the pop-in service, including six mothers and one childminder, with children between the ages of five months and five years. All parents decided against using the video diary room in favour of one-to-one interviews. Parents’ comments on what they thought of the service are shown in the box on the right.

Access

Four parents thought that the times of the pop-ins were convenient; two could not attend some sessions because their children were at pre-school or nursery, and one could not attend sometimes because she worked part-time. One parent conceded that ‘if it changed and the time suited me, it might not suit others.’ The service is therefore doing everything in its power to help increase access to the service by listening to parents and changing times and days of the service to make it more convenient.

Two parents said that nothing stopped them from coming to services. Three could not come sometimes because of the times of the activities, (“I loved coming to storysacks but now the time has changed and my child is at pre-school when it’s on”); another said that she lacked the confidence to attend some of the sessions. Parents are optimistic about the new building improving access: ‘I’m looking forward to the community café where I can drop in anytime’.
Motivation

The main reasons that parents attended was so that their children could make new friends and be sociable, and so that the children could partake in ‘lots of different activities’ and ‘not be bored’. For the parents themselves, everyone interviewed said that they came to make new friends and to meet people; for example one parent commented that she’d moved in two months before and didn’t know anyone, so "coming here helped me get out of the house and gave me somewhere to go.”

**Figure 1: pie chart showing parents’ motivations to access pop-ins**

![Pie chart showing parents' motivations to access pop-ins]

The chart above shows that attending the pop-ins were as much for children as for parents: the needs of both parent and child can be met in a very varied and lively service that is accessible to all. Almost all parents’ reasons for attending the service involved interaction, with their children, service staff, professionals and other parents.

Satisfaction

Six parents said that they were happy with the content and variety of the activities at the pop-in. This high level of satisfaction is testimony to the commitment of service providers in creating a fun, stimulating
environment. Only one parent said that she was dissatisfied and that her child was “occasionally bored” by activities. Six out of the seven parents interviewed also said that there was nothing at the centre that they didn’t enjoy. The other parent, who had been attending the centre for four years, expressed the following: “It’s run differently now. At the time people liked to sit and have a coffee and get to know each other, but it’s more structured now, which some people like, but it can get a bit cliquey”. On the other hand, a parent interviewed about another service has stopped using the pop-in service because it is not as structured as the other activities.

Evidence from interviews has shown that staff at the pop-in have listened to parents and made changes to the service to try to meet their needs; not all services will suit everybody and the large variety of services at SSHPW helps to cater for all personalities and preferences. Four parents thought that the pop-in included enough activities for them and their children. Other ideas for activities at the pop-in included:

- A police visit for the children: “my children are scared of the police and want to run away when they see them because they think that they’ll get told off. I want to make them more confident in talking to them so that if they get lost in town they will be able to go up to them and get help.”
- Include outdoor activities
- Have a baby sign language class

**Service Staff**

All parents consulted agreed that the staff at the pop-in are always friendly and helpful, and that there was always somebody available to talk to: “they’re always there if you want them, and if I’m at home I’m able to telephone a member of staff”. Another young parent said that the staff ‘bend over backwards’ to help and, if it is very busy at the pop-in, “they’ll always come back and find you”. All parents thought that they received enough information about the pop-ins and other activities at the centre:
“we get information all the time and staff show you around when you first visit”.

**Participation**

Three parents thought that they did have the opportunity to say what they thought about the pop-ins and that they could make a difference: “we put forward ideas and some have been listened to, such as putting on more activities in the afternoon”. One parent was particularly pleased that she had “already been asked about what I want to see in the new centre” during a pop-in session.

**(vii) Conclusions**

The family pop-in is a core Sure Start service, enabling parents and children alike to make new friends and feel included in the community. The service provides good opportunities for play and early learning and supports parents by giving them the confidence to try new things, such as other Sure Start services or going back to work.

Partnership working is good in-house and has been good externally. Information provision about the service is excellent according to both provider and user. Efforts to include parents, and sometimes children, in participation activities have been especially effective. There are some issues still around monitoring however, and links with Social Services and Jobcentre Plus are more irregular.

**(viii) Recommendations**

- The monitoring process for the pop-ins needs to be better co-ordinated, linking together the joining forms, central register and pop-in register. Problems with the pop-in register have been identified and it is important to review this aspect of the monitoring process to ensure effective, accurate and useful data is being collected.
- Success in supporting children to participate in decision making on the delivery of family pop-ins should be shared with other services to help them to include children more directly in participation activities.
- The centre should hold regular sessions for new parents and children so that they can build up their confidence amongst other new families before accessing the service itself. This would need to be advertised carefully so that only new families attended.
- The service could make new links with the police to try to overcome barriers between Sure Start families and the Police service by having them ‘drop-in’ informally to some sessions. A regular police presence in an informal setting may help to overcome fears of parents and children accessing the service, thus helping them to ‘stay safe’ by providing them with legal aid and support. This could tie in with the service provider’s ideas to provide new themes at the pop-ins surrounding personal safety.

4.3.2 Health Visiting Team

The evaluation of this service consisted of a one-to-one interview with the Health Visitor Co-ordinator for Sure Start; five interviews with parents who use the Health Visitor Clinic and an observation of a two-hour Health Clinic under a Health Visitor from the team. The co-ordinator has worked for the Sure Start service for two years.

(i) Service Description:

Health Visitors visit all new babies and children under five years of age. Sure Start funds additional capacity within the Health Visitors’ service and have a team that visits families in the Sure Start area.

The Health Visitor team aim to meet Harlow PCT’s broad objectives surrounding the health of children and families, and to work towards meeting Sure Start local targets, such as:
- All families with new born babies in the Sure Start area to be visited within the first two months and given information about the services available to them.
- Information and guidance on breastfeeding, nutrition, hygiene and safety to be available for all families with young children in Sure Start areas.

The table below shows how services provided by Sure Start Health Visitors help to meet ECM outcomes:

**Table Two: showing how the Health Visiting service is working towards meeting ECM outcomes**

<table>
<thead>
<tr>
<th>ECM Outcome Area</th>
<th>Service Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Be Healthy</strong></td>
<td>This is the core and ethos of the service, that provides:</td>
</tr>
<tr>
<td><em>KEY AREA</em></td>
<td>Weekly health clinics at two locations</td>
</tr>
<tr>
<td></td>
<td>Baby Massage</td>
</tr>
<tr>
<td></td>
<td>Baby weighing</td>
</tr>
<tr>
<td></td>
<td>Smoking Cessation</td>
</tr>
<tr>
<td></td>
<td>New birth and follow up visits</td>
</tr>
<tr>
<td></td>
<td>Weaning Visits</td>
</tr>
<tr>
<td></td>
<td>Recognising and treating postnatal depression</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding advice</td>
</tr>
<tr>
<td></td>
<td>Advice on healthy eating (Acorns Young Parents’ support group)</td>
</tr>
<tr>
<td><strong>Stay Safe</strong></td>
<td>Parenting classes to help parents look after their children</td>
</tr>
<tr>
<td></td>
<td>Child protection</td>
</tr>
<tr>
<td></td>
<td>‘Teddy Bear’ pack focuses upon accident prevention</td>
</tr>
<tr>
<td></td>
<td>Follow ups on A&amp;E attendances</td>
</tr>
<tr>
<td><strong>Enjoy &amp; Achieve</strong></td>
<td>Developmental checks on children</td>
</tr>
<tr>
<td></td>
<td>Speech and language checks at two years old and referrals to specialists</td>
</tr>
<tr>
<td></td>
<td>Twiglets</td>
</tr>
<tr>
<td></td>
<td>Referrals to OTs</td>
</tr>
<tr>
<td><strong>Make a Positive Contribution</strong></td>
<td>Group work at Twiglets and Acorns promotes a sense of community</td>
</tr>
<tr>
<td><strong>Achieve Economic Wellbeing</strong></td>
<td>Referrals to Cornerstone Training</td>
</tr>
<tr>
<td></td>
<td>Budgeting and practical advice at Acorns Young Parents’ support group</td>
</tr>
</tbody>
</table>
(ii) Service Delivery

Main achievement – establishment of an effective and co-ordinated Health Visitor service. This was achieved through working with the new Operations Manager on better co-ordinating the service by defining roles more clearly, promoting partnership working amongst the team and making more referrals into and out of the service. The result has been a more joined-up service, with a team structure enabling providers to share ideas and good practice and help with planning new services to meet local needs.

Targets are monitored by regular meetings with the Programme Co-ordinator and yearly auditing in December where figures are compared against previous years to check progress.

All families are reached through a compulsory visit for every new birth in the Sure Start area. Health visitors make regular visits to the Women’s Refuge and Traveller’s site and have successfully built up trust in these communities. An issue surrounding language barriers however was identified in interview; ‘language line’ is not sufficient for some health visits. Discussing women’s health can be sensitive and it is not always appropriate to translate through the father.

Some families become more dependent upon the service than others, depending upon their needs. Evidence from interview with the service co-ordinator illustrated that a relationship of overdependence can sometimes develop if parents are visited very regularly; if they have postnatal depression for example. Clear boundaries are important to prevent overdependence, and there are systems in place to help wean families off such intensive support, by referral to another service if appropriate.

Difficulties experienced by the Health Visitor team include poor attendances at Smoking Cessation workshops and lack of capacity within the budget to give the appropriate help needed to ‘concerned’ families, including those with children with special needs and young parents.
**Possible impact of stopping the service:** co-ordination of health services in the area would be discontinued, leading to less ‘joined-up’ thinking across all disciplines; the Health Visitors make strong contacts across a variety of services and this network would be lost to the detriment of local families.

**(iii) Partnership Working**

The service co-ordinator considers that working as a team to share caseloads, discussing community issues and planning new and different ways of running services has helped to deliver a more effective service. It is the only team in Harlow to run with this structure; other Health Visitors attend to parents and children individually. There is a lot of scope to transfer processes proven to have worked in the Sure Start area into other communities in Harlow, in tandem with the development of five children centres across the town.

Attendance at monthly Sure Start meetings has been difficult due to high caseloads. However, no barriers to partnership working have been identified; indeed, all providers involved in the detailed evaluations mentioned that the Health Visitor service was important, and often the most important, in referring parents and children to their service.

However, a large gap in the ‘joined-up’ structure of services that underpins the Sure Start programme is linked with Education. When a child is diagnosed with special needs by the Health Visitor service, they will require assistance before attending school in order to plan effectively for the child’s education. Referrals to Education, however, are much more difficult without a Pre-school Teacher in post at SSHPW.

**(iv) Participation**

Evaluation occurs during all group sessions and courses; a tailor-made evaluation was created for the STEP course, run by Health Visitors, that
looked at the course content and presentation and how parents believed that the course may have helped them in their parenting skills. Individual evaluation on ‘do you like your Health Visitor’ is seen to be inappropriate, but there is no evidence of other ways for parents to feedback about the Health Visitor service in general.

(v) Observation, Friday 5 August 2005, 9.30am-11.30am

The service session was organised and run by a Health Visitor, accompanied by a Health Visitor Assistant. Baby weighing equipment, with four changing beds, was set up, and the Health Visitor had access to all health records. The purpose of the session was to provide parents and carers with an opportunity to talk about their baby’s health and to obtain prescriptions.

Nine children, between the ages of 0 and two, were brought to the session between 9.30am and 11am. Children were accompanied by mothers, fathers and sometimes both. Parents had their own record books to record the growth and health of their child. During the session, advice was given on breastfeeding, skin complaints, gnawing and sleeping problems.

It was clear that parents attended the sessions very regularly and were confident in what the service provided and in the advice and support of the Health Visitors, who knew most of the babies by name and could continue conversations on health issues begun weeks and months before. Babies were not distressed by the process, and two babies were examined for symptoms such as rashes so that prescriptions could be issued. There was plenty of support for handling babies and disseminating advice on the day.
(vi) Impact on Service Users

Five parents were interviewed about the Health Visitor service, including four mothers and one father, with children between the ages of five weeks and six months. Parents’ comments on what they thought of the service are shown in the box on the right.

Access

Three parents thought that the times of the service were convenient; one could not attend sometimes because their children were at pre-school, and one could not attend some services because she worked part-time.

One parent said that nothing stopped them from coming to services; two could not come sometimes because of the times of the activities; one thought that her child would be too small for the other services and the final parent interviewed believed that they didn’t need any other services than weighing their baby: “Our child is already interacting with other children – he has lots of friends and is always out so there’s no need to come to activities”.

Motivation

The main reasons that parents attended the service were to look after their children’s health and to help provide a support network for themselves and their family, where health is an important issue. One parent’s reason for attending was to increase their confidence in looking after their child. Two parents said that they didn’t know why they attended.
Satisfaction

All parents said that they were happy with the content of the service and that there was nothing at the centre that they didn’t enjoy. All parents thought that the service included everything they needed. Four parents mentioned that their baby’s health had improved or remained well after having attended the service, whilst another parent was still unsure because the baby was so premature. All parents interviewed were confident in the support of the health visitors, and that the service met their health needs.

Service Staff

All parents consulted agreed that the staff at the health clinic were always friendly and helpful, and that there was always somebody available to talk to: “they’re really nice, really helpful, and they’ll come and see how she’s doing even when I’m not actually at the service.” One parent commented that she found it difficult to look after both her children when she brought them both to the centre: “when I’m taking one in to be weighed, the other one wants to run around...the staff do help though”.

Four parents thought that they received enough information about the clinics and other activities at the centre, even though they do not always attend: “we’re sent a mailshot whenever the timetable has been changed...I’m surprised and pleased because we don’t come all the time...and there’s always leaflets...” One parent did not receive a mail shot.

Participation

All parents interviewed did not know whether they had the opportunity to share their views on the health clinic; three parents did not see this as being relevant.
(vii) Conclusions

The Health Visiting team are an essential service, addressing a range of health needs of Sure Start families, and are well received in the local community. They are in an exceptional position in terms of access, and are using their opportunities to talk with all families with new babies in the area to signpost them onto a range of Sure Start services. Access could be improved by access to interpreters.

Improvements in the organisation of the team has resulted in improving the efficiency of the team and their ability to plan new activities and share information, thus increasing numbers of referrals through shared knowledge. Without a Pre-school Teacher in place, early recognition of special needs in children is unable to be followed up. High caseloads are testimony to the trust that families have in the support of Health Visitors to meet both physical and mental health needs; however, this also inhibits regular attendance at team meetings.

(viii) Recommendations

- Look to sharing good practice with other health visitor teams across the community, some of whom may be involved in new children’s centres.
- Identify key language barriers and source local interpreters for Health Visitors. Positive experiences of ethnic minorities in being able to talk confidentially with Health Visitors, rather than relying on a family member, may encourage individuals from similar backgrounds to access the service.
- Ensure Health Visitors have access to a Pre-school Teacher. If recruitment issues continue SSHPW should look to replicate the consultancy model used to Speech and Language Therapy.
- Health Visitors are a key innovative component of the Sure Start programme and as such should attend and contribute to programme meetings. Health Visitors should ensure that they attend meetings every other month.
4.3.3 Homestart

The evaluation of this service consisted of a one-to-one interview with the Homestart Organiser and four interviews with parents who access the Homestart service, in their own homes. The organiser has worked for the Sure Start service for four years.

(i) Service Description

Homestart is funded by Sure Start to provide outreach to families under stress, including those who cannot access the centre due to issues surrounding ill health, transport difficulties and confidence issues. The aim of the Homestart service in SSHPW is to support families facing a variety of issues such as loneliness and isolation; disabilities; ill health; postnatal depression; relationship difficulties and bereavement. Homestart volunteers help to provide emotional support, friendship and practical help in the family’s own home on a regular basis to combat stress and prevent family crisis.\(^\text{27}\) The service also works to meet national Homestart aims and objectives.

Volunteers are other parents who work regularly with families, for two to three hours per week, offering practical and emotional support depending upon the family. There are twelve to fifteen volunteers running outreach support to 25 families over a year. Volunteers are recruited through fundraising events, articles in community papers, posters and through the Voluntary Service. Some parent volunteers have been recruited from the Sure Start area.

There is support and training for those wishing to be involved, and volunteers go on to train as counsellors, social workers or other occupations in the social sector.

The table below shows how services provided by Homestart help to meet ECM outcomes:

\(^{27}\) Sure Start (2004), *Annual report*, p. 32
Table 3: showing how the Homestart service is working towards meeting ECM outcomes

<table>
<thead>
<tr>
<th>ECM Outcome Area</th>
<th>Service Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Healthy</td>
<td>• Work to improve the emotional health of families through support, reducing stress, encouragement and regular communication</td>
</tr>
</tbody>
</table>
| **Stay Safe**            | • Recognising and building upon the strengths of individual families  
• Helping parents to accept the areas in which they struggle and helping them to overcome family issues  
• Helping parents to access community services and meet appointments  
• Helping parents become more independent and capable in looking after their children |
| **KEY AREA**             |                                                                                                                                                  |
| Enjoy & Achieve          | • Reducing isolation by helping parents to get out of the house with their children so that they can mix with others  
• Helping with everyday tasks so that parents can spend more quality time with their children |
| Make a Positive Contribution | • Helping parents go out of their homes and into the community by helping to look after their children when they go out of the house               |
| Achieve Economic Wellbeing | • Helping with transport to go to appointments and helping them to access the Sure Start Centre so that they can meet with professionals |

(ii) Service Delivery

Main achievement – encouraging and supporting parents to have the confidence to achieve their potential within the family and community. For example, one parent went on to become a volunteer representative on the Homestart committee, became involved in the school PTA and then become a school governor. Parents become able to cope better on a day-to-day level after having Homestart support, by getting them to school, feeling less alone and managing their lives, according to an interview with the Homestart Organiser.

Figures on visits to families in the Sure Start area are monitored and given to Sure Start monthly; a report is produced quarterly.
The majority of referrals to Homestart are made through the Health Visitor team; some come from Social Services and the remainder are self-referrals. Since the establishment of the Sure Start centre, however, referrals for parents within the Sure Start area have dropped; the area had previously been Homestart’s main area of referrals. A possible reason for this could be that families are now being supported by other Sure Start services, as highlighted in an interview with the organiser.

In terms of Homestart families accessing services at the Sure Start centre, Homestart families have found the current building ‘overwhelming’ in terms of having to go through different doors and large rooms rather than being introduced to one room. The organiser is optimistic that the new building will be more appealing and accessible. Homestart family groups have been successful in helping children to socialise outside of the home and for parents to access more support through sharing experiences with other parents.

**Relationships** between volunteers and families go through stages, from perhaps initial reluctance to engage, particularly from Social Service referrals, through to a level of trust and then slight dependence, and then finally to a level of independence as volunteers are always working towards making themselves redundant. For example, taking trips out using the volunteer’s car is moved gently towards helping them use the bus, and giving them the confidence and encouragement to do more things than they thought they would be able to do. Often volunteers act simply to reassure parents that the things they are doing for their family are the right thing to do.

There has been only one family where the service did not work as the family maintained their reluctance to engage with Homestart and the volunteer matched to them. The service works on a level of open choice and families are not forced to stay with their volunteers.
Possible impact of stopping the service: reduction in voluntary support for families who may be nervous of accessing statutory departments of the local authority. May increase the workload of Health Visitors who may have to support families in more heavy end prevention, rather than being able to refer them to complementary support before the family reaches crisis.

(iii) Partnership Working

Homestart is constantly looking at ways of sharing good practice with other agencies, and were asked by SSHPW to provide confidentiality training for the Sure Start team. The organiser feels that there is great scope to do more training with the in-house Sure Start team, as there are many skills to be transferred through links to the national office of Homestart. The service is linked into in-house Sure Start services and Sure Start workers through attendance at monthly meetings, workloads allowing.

Homestart works with other partner agencies to increase referrals in and out of the service. Links with external agencies are good, and the service has experienced no barriers to partnership working. There is scope for Homestart to increase links with the Mental Health service to look at running groups on mental health issues such as a postnatal depression group, and a group for pregnant women, in order to prevent mental health issues from arising.

Homestart is publicised throughout the Sure Start area by leaflets, through word of mouth at the Sure Start centre by Sure Start Workers and through other partner agencies, especially the Health Visitor service.

(iv) Participation

In terms of evaluation, there are continual reviews of how effective the service is for each particular family. After matching the family to a volunteer, there is a three and six month review, but these are sometimes
brought forward in special circumstances. Reviews look back at the
greatest concerns and needs of the family that were identified when the
family first joined; concerns such as isolation, financial constraints and
mental health issues. Parents are asked whether they felt that having a
Homestart volunteer had any impact, such as increased confidence or the
ability to do new things independently. Reviews help families to see how
far they have progressed, and these reminders of how far the family has
come since the beginning of the service are vital in helping to increase
parents’ confidence at their ability to change and develop new skills.

The contribution and work offered by volunteers is also reviewed regularly,
and support continues for as long as the family feels that they need help.
Support will only be withdrawn against the family’s wishes when the child
turns five and the family is no longer eligible for support. Decisions to end
support are made jointly to make sure that both agree that the family is
ready to continue independently.

(v) Impact on Service Users

Four parents, all mothers, were
interviewed about Homestart
in their own homes. Parents’
comments on what they
thought of the service are
shown in the box on the right.
Three parents had heard about
Sure Start through their health
visitor, and one through the
Mental Health department of the local council. Two mothers had two
children and the remaining two mothers had three children each. Children
ranged between one year old and fourteen years old, but all had children
under five. Time with the service ranged from one year to eighteen
months. Three parents out of the four interviewed had used other Sure
Start services.
Access

All parents’ experiences of being matched to a volunteer was positive, and all mothers consulted were happy with their volunteer. Three out of the four parents expressed how important it was that the volunteer was able to come to the house as this removed some significant access issues to services at the Sure Start centre such as transport issues, finances and support in looking after the children whilst away from home.

As to accessing other services at Sure Start, depression stopped one parent from being able to access services and another parent experienced problems attending services when the older children are off school in the holidays. She mentioned that she would like the centre to cater for older children. Another parent commented that having services for separate age groups was good, but that her children would like to be together and didn’t like being split up, so services catering for all age groups would be welcomed.

Motivation

All parents accessed the Homestart service for the extra support that the volunteers provide in many areas of their life; areas of support mentioned included financial assistance, help with transport, emotional support and help with everyday household tasks.

The social element was also very important; three out of the four parents interviewed found it difficult to leave the house with the children because they could not cope with them when they were out, so ‘having someone to talk to’ was deemed very important. For example, one parent mentioned that the service “gives me some company and the kids some company as we can get out with them to the park”.

Homestart groups at the Latton Bush centre, a community setting located nearby, are also very well received, with two parents interviewed using the centre and commenting positively on their experiences there.
Satisfaction

Homestart works to support children by helping to support the parents. One parent interviewed said that she suffered from depression and that a visit from Homestart helps to alleviate some of her isolation and loneliness. This means that she is able to interact more with her children and partake in more activities with them: Homestart has helped ‘give my kids a mum’. Volunteers also attend Sure Start pop-ins with parents and children, enabling children to mix with others and learn important social skills.

One parent mentioned the financial help that Homestart provides for parents and families. Homestart volunteers help with attending meetings with social services or other appointments, leading to ‘less stress’ surrounding having to honour outside commitments as well as keeping up with what is occurring at home; “it’s lots of the little things that they help you with.” Parents also benefit from having support outside ‘volunteer hours’ by being able to call their volunteer – “if I ever have a problem I can just leave a message”.

Another aim of Homestart is to help parents to improve their parenting skills. One service user mentioned in interview that “younger parents don’t know about running a family, so I think it’s a brilliant idea”. Three out of the four parents mentioned that their confidence had improved. One parent expressed it as “someone being there to tell you that you’re sane…I was doubting everything when I was on my own with the baby and locked in 24/7 with no one to visit or anything. To know that someone was coming every week became the most important thing in the world to me”.

All parents agreed that there was nothing about the Homestart service that they didn’t like or didn’t enjoy and no parent interviewed could think of any changes or improvements to the Homestart service. All parents also agreed that stopping the service would have a negative impact – “I would be gutted and disappointed”.

As to other Sure Start services, one parent did not access any other Sure Start services because she felt unwelcome there: “there isn’t a friendly atmosphere. You walk through the doors and you feel on your own when it should feel friendly, but it doesn’t feel like that.” She felt that making it more welcoming would help her to attend more services: “I’m waiting for the new centre and a new term, so I can have a coffee in the café there.”

However, she feels that it will be difficult to change the situation: “the problem is that some of the staff are parents so you can’t beat the situation – you can’t talk to the staff about the parents because they know them.” She feels that joining an organised group would be easier than going to a pop-in because the pressure to talk to new people would be removed.

**Service Staff**

All parents commented on the helpfulness of those working for Sure Start. One parent was particularly appreciative of the commitment of their volunteer, saying that she was “still phoning me when she was off sick with her back and couldn’t get out of bed! She knew how down I was and kept in contact”. Another parent said of their volunteer, “she’s always around to point me in the right direction – she’s helped me to understand my feelings more”. A third parent said of her volunteer “she has helped me so much, it’s nice to be able to give something back...I can’t think of a service I’d like to stick up for more”.

Signposting operates constantly via the volunteers. During one of the visits the organiser, who co-ordinates the volunteers and also does some of the home visiting herself, signposted one of the parents to the council in regards to their housing issues. Another parent said that she had been signposted through the service to the Health Visitor service, Social Services and Housing Services. Information about Sure Start services is also provided regularly: “I’m sent a letter without fail about new things
happening at the centre. It’s nice that there are services for everyone, even for the grandparents”.

**Participation**

Parents are encouraged to bring any new ideas about the service to their volunteer, who can feed the information back to the service provider.

**(vi) Conclusions**

Homestart appears to have a very significant level of impact in the local community, by providing emotional and practical support to families in their own homes. For those parents interviewed, Homestart overcomes considerable barriers for those who may be unable to access Sure Start services elsewhere due to issues surrounding ill-health, confidence and isolation. Volunteers are able to reach out to families who may be unwilling to access statutory services and provide them with the help that they need. Involving parents in their own development through the service is key to Homestart, whose ethos is to help parents understand their own needs and how they wish to overcome them. Little work with children is done in participation, however.

Parents interviewed have been vociferous in their appreciation of the emotional and practical support provided by Homestart. The service works to prevent families from reaching crisis by helping them on a day-to-day level, avoiding reaching the situation where Social Services or another heavy-end preventative body needs to work with the family. The service works to meet all five ECM outcomes. Links with Sure Start workers have recently declined, however, due to high workloads and little time to come into the centre itself.

**(vii) Recommendations**

- The Homestart programme should work with the Mental Health service to develop group work around issues such as postnatal depression,
isolation and promoting emotional well being, and also provide training for volunteers (see recommendation in section 4.4.7 below).

- Renew links with Sure Start workers at the centre to ensure that Homestart is kept informed of all the latest activities and services, so that volunteers are able to refer their families to new and continuing initiatives. Homestart should ensure that they attend regular meetings.
- Enhance the capacity of children to participate in informing the development and delivery of the Homestart service by holding participation activities at family groups or shorter participatory/feedback activities in family homes.

4.3.4 Music Makers

The evaluation of this service consisted of a one-to-one interview with the service provider, a Sure Start Worker who organises and runs the Music Makers & Music Shakers forty-five minute Music Maker session. The Sure Start Worker has run Music Makers for four years, firstly on a freelance basis and then employed full-time.

(i) Service Description:

This is a multi-functional service that operates on a weekly basis, split into separate sessions for different age groups; ‘Music Makers’ is for 0 to walking age and ‘Music Shakers’ is for walking age and over. Children learn about rhythm, sequencing and prediction, and work on language and social skills within a musical environment. The aims of the service are to improve language and social skills, and to provide the opportunity for parents to understand how their children learn and to help them play together at home. The service also works to develop gross motor and fine motor skills and to increase numerical skills through counting.

Aims and objectives of the service have only recently been defined in January 2005, when Sure Start Workers were split into two groups, with

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some focusing more on outreach work, and others concentrating on developing and running in-house services. This has led to more clearly defined roles amongst staff. However, the Music Maker organiser does not and has not been required to monitor whether the service is meeting targets.

The provider is solely responsible for the running of the group, but is supported by an additional Sure Start worker, and often the parents themselves, during periods of absence. Parents were not involved in the set-up of the service and were initially reluctant to take part; expectations and attitudes towards the group have since changed and it has become one of the most popular groups at the centre, according to attendance figures.

The table below shows how services provided by Music Makers help to meet ECM outcomes:

**Table 4:** showing how the Music Makers service is working towards meeting ECM outcomes

<table>
<thead>
<tr>
<th>ECM Outcome Area</th>
<th>Service Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Healthy</td>
<td>• Helping to build muscles through physical activity to music</td>
</tr>
<tr>
<td>Stay Safe</td>
<td></td>
</tr>
<tr>
<td>Enjoy &amp; Achieve</td>
<td>• Introducing number-type songs with counting to help numeracy</td>
</tr>
<tr>
<td><em>KEY AREA</em></td>
<td>• Learning by talking about colours and the weather etc. in songs</td>
</tr>
<tr>
<td></td>
<td>• Helping speech and language development through singing</td>
</tr>
<tr>
<td>Make a Positive</td>
<td>• Promoting social interaction by helping children to say hello to each other,</td>
</tr>
<tr>
<td>Contribution</td>
<td>holding hands, finding partners, and playing games</td>
</tr>
<tr>
<td>Achieve Economic</td>
<td>• Helping parents whose English is not their first language to pick up new words in</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>a relaxed environment</td>
</tr>
</tbody>
</table>
(ii) Service Delivery

Main achievement – improving the relationship between parent and child through effective interaction. Most parents come consistently to the service and become more confident in playing and interacting with their children as they attend more sessions.

The service succeeds in attracting a range of families, including those from BME communities. Parents access the service mainly through self-referrals, and occasionally through referrals by Social Services for families who could benefit from learning to interact more with their children. During interview the service provider identified that the service is not reaching young parents, despite visits by the Acorn Young Parents’ group to talk about the service. The provider identified that this may be due to an embarrassment of working to music.

The service provider takes a flexible approach to working with children and parents during activities, adapting the approach depending upon the temperament and behaviour of the child.

There have been issues identified by service users interviewed about the service whereby children are easily distracted from the activity by toys around the edge of the room; this problem will be resolved in the new building where they will be able to access a space with less distractions.

Possible impact of stopping the service: reduction in opportunities for children to interact socially and to be stimulated physically and mentally in creative ways, alternative to stimulation received at home.

(iii) Partnership Working

The provider is keen to share good practice with both external and internal partners. Discussing and implementing the benefits of music in working with children has been discussed with Health Visitors working
outside the Sure Start area in Harlow, and the provider has been asked to talk about the educational and physical benefits of playing with children to music at Parentcraft sessions.

Partnership working, however, is not at full capacity; it was identified at interview that more could be done to work with Occupational Therapy and the Health Visiting team so that they can see the benefits of the service and be able to recommend the service to their children and families. Current barriers to partnership working felt by the service provider included high caseloads of external partner agencies that prevent them from being able to visit the centre regularly to share ideas and information about new activities.

(iv) Participation

**Parents** are asked for their feedback through evaluation forms. The form is basic with simple questions to cater for parents with low literacy skill. Open questions allow parents to comment more fully about what they like and do not like about the service. Comments on how to improve the service are always taken on board, and the provider explains verbally why changes cannot be made. For example, parents have expressed the desire for fresh songs, but workloads meant that that this was not possible, so parents were asked to nominate any new songs that could be used.

**Children** are not officially involved in evaluation, but are asked questions informally, such as what their favourite song is. Favourite songs are then used more frequently.

**(v) Observation, Thursday 21 July 2005, 10am-10.45am**

Eight parents attended the session, which was designed for babies between 0 and two years. The activity took place in a large room with babies lying on pillows or mats. Attendance was monitored by passing around a form for names. Activities were very short to cater for short attention spans, and were repeated to help children become familiar with the songs.
All babies were introduced through singing, and shook hands every time their name was mentioned in the song, to improve social skills. Children were regularly praised throughout the session. Each baby was introduced in turn, and said goodbye in turn; this aimed to show children how to wait their turn and to provide a definite beginning and end to the activity. Regular songs were then sung with the children, using actions, to provide some familiarity to the sessions and to give parents songs that they could pick up and use with their children at home.

Actions with the songs helped children to learn about their personal space, according to an interview with the provider, and helped to build muscles such as stomach muscles in ‘row your boat.’ When the songs were less familiar, the provider made sure they were properly explained. Disco lights were also used to help children focus on the activity, and different instruments were used to help co-ordination and let the children have fun. No child was forced to take part in the songs, but was given a choice and led gently.

The session was very relaxed, and not a single child cried during the 45 minute session until the final ‘the music has finished’ song at the end. Other services and events, such as a party occurring a week later, were spoken about during the session to inform the parents of other services and activities appropriate for their children. There was a lot of discussion surrounding the new centre and the new community café.

“*It’s a chance to get out and for my baby to meet other children his age.”*

“*He’s learnt to respect others and to share and to enjoy himself.*

“*It’s nice for the kids to mix so early—it really helps at pre school.*

“I know how to hold him now and I know more about babies. We don’t live near other children and he used to cry when he went out but he’s more comfortable and confident now.”

“*You can do something every day at Sure Start and music is great because it’s different.*

“I’m meeting new people and other mums and being told about new services.”

“Lisa’s really good and the staff here are excellent; they’re very committed and interested in the individual as a whole.”

“I want him to be happy when he’s at school and to socialise him to mix and explore and do different things.”

**(vi) Impact on Service Users**

Six parents, all mothers of boys between the ages of twelve weeks to nine months, were interviewed about their experience of Music Makers. Four parents were interviewed using the video diary room and
two parents preferred to do one-to-one interviews without the camera. Parents’ comments on what they thought of the service are shown in the box above.

Access

All six parents thought that the time of the Music Makers service was convenient. Four parents said that nothing stopped them from coming to any of the Sure Start services, whereas the other two could not come sometimes because the times of the activities conflicted with pre-school or work.

Motivation

The main reasons that parents attended was so that their children could be sociable, mix with other children and learn to share; in the words of one parent, to learn to ‘respect others.’ Another concern was for the children to experience many different activities and for them not to be bored. Five parents came to Music Makers to give them more variety and stimulation. Participating in activities that could not necessarily be done at home, without equipment such as instruments and music, was also important. For the parents themselves, five out of the six mothers interviewed said that they came to make new friends and to meet people.

Figure 2: pie chart showing parents’ motivations to access Music Makers
For one mother, the service helped her to “to learn what to do with my first child...I was with them 24/7 and didn’t know what to do with them. I want to make them happy physically and mentally”.

**Satisfaction**

All parents were happy with the content and variety of the activities at Music Makers. Furthermore, all six mothers interviewed said that there was nothing at the centre that they didn’t enjoy; one parent commented there are “totally different activities, which is good”

Five out of the six parents couldn’t think of any more activities that they wished to use at the centre – “there’s something to do every day...I like the variety”. One parent mentioned that she would like some of the classes to run more than once a week, so that she could have an opportunity to come if she was working, but also recognised the practical limits to time and budget.

**Service Staff**

All parents consulted agreed that staff were always friendly and helpful, and that there was always somebody at the centre available to talk to: “they’re very accommodating and encouraging...I wasn’t confident at first but now I feel that I can speak about my concerns”. All parents thought that they received enough information about Music Makers and other activities at the centre: “we’re regularly updated”.

**Participation**

Two parents believed that they had the opportunity to say what they felt and to make a difference in the service; one thought that people ‘maybe’ had the chance and that everyone had ideas; the remaining three parents didn’t know – “I haven’t spoken to them [the service providers] because I haven’t felt the need...”.

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(vii) Conclusions

This service, as evidenced by the testimony of service provider and users alike, has helped to transform relationships between parent and baby as playing to music at the service has improved interaction and enabled parents to understand how their children learn and play. At the heart of the service is the commitment to the enjoyment of the children; balancing the focus of work on the needs of parents. In this service, focus is maintained entirely upon the needs of the child; however, secondary outcomes for parents have been clearly identified by parents who participated in this detailed evaluation.

Evidence has demonstrated a positive impact of the service upon children’s social skills; the efficacy of internal processes are less clear cut. Partnership working is not operating at a maximum, as the nature of referrals to music makers are nearly all self-referrals, with the exception of a small minority of referrals from social services. The service has progressed to its current level of popularity through word of mouth, yet information is not reaching everybody, contributed to by the lack of time partners are able to commit to attending the centre to share information. There is also an area of concern surrounding lack of formal procedures to measure and monitor the service against targets.

(viii) Recommendations

- Formalise service targets and create formal procedures to monitor the performance of the service to ensure that Music Makers is working effectively towards meetings its aims and objectives.
- Increase opportunities for partnership working to boost referrals to the service by researching new ways to make links with partners.
- Resource permitting, perhaps try to free up some time to allow for workers to develop new songs to stretch the capabilities and imaginations of the children. Additional time would also allow for increased partnership working and sharing good practice.
4.3.5 Storysacks

The evaluation of this service consisted of a one-to-one interview with the Storysacks and Toy Library Co-ordinator, who organises, co-ordinates and runs the Storysacks sessions; five interviews with parents who attend the Storysacks course, and an observation of a two-hour Storysacks session. The co-ordinator was originally seconded part-time to Sure Start but now works full-time co-ordinating the Toy Library and the Storysacks courses.

(i) Service Description

A ‘storysack’ is a cloth bag containing a children’s storybook, a non-fiction book, a tape of the story being read, and toys and activities related to the story. The idea of the storysack is to ‘bring the story to life’ for both parent and child, and the activities tie in with Early Years Goals. There are now around two hundred and fifty storysacks accessible to families in Harlow, with different books, toys and accents to be heard on the story tapes. Many storysacks are made in dual languages.

The ‘Storysacks’ concept was created by a head teacher to help those parents at his school who were struggling to do reading homework with their children. Reading with a storysack teaches children to sit and listen, when to turn a page, and how to share toys and books. The Basic Skills Agency became involved to help promote the concept and set up Storysack groups across the country, later involving the Library service to co-ordinate groups. The service is run weekly, in courses lasting for six weeks at a time.

The aim of the service is for parents to learn about children’s cognitive development; help parents and children to interact and read together and provide a starting point for parents to learn more about IT skills that may help them to find employment.29 The service is monitored against meeting targets by regular performance monitoring reviews at the Essex Library Service. The co-ordinator also meets with the Sure Start Operations

29 Sure Start (2004), Annual Report
Manager to discuss how to help and encourage parents to access further training in Basic Skills and IT to gain an accreditation that will help them in the future.

The table below shows how services provided by Storysacks help to meet ECM outcomes:

**Table 5: showing how the Storysacks service is working towards meeting ECM outcomes**

<table>
<thead>
<tr>
<th>ECM Outcome Area</th>
<th>Service Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Healthy</td>
<td></td>
</tr>
<tr>
<td>Stay Safe</td>
<td></td>
</tr>
<tr>
<td>Enjoy &amp; Achieve <em>KEY AREA</em></td>
<td>• Encouraging parents to read to their children</td>
</tr>
<tr>
<td></td>
<td>• Helping children to enjoy reading by using accompanying toys and by removing the barrier whereby a parent’s dislike of reading passes onto their child</td>
</tr>
<tr>
<td></td>
<td>• Improving parents’ confidence to help their children with reading and homework</td>
</tr>
<tr>
<td>Make a Positive Contribution</td>
<td>• Enabling children to mix and socialise in the crèche whilst parents attend the Storysacks session</td>
</tr>
<tr>
<td>Achieve Economic Wellbeing <em>KEY AREA</em></td>
<td>• Helping with basic skills, especially reading; improving computer skills and working with the photocopier</td>
</tr>
<tr>
<td></td>
<td>• Enabling parents to go on and achieve qualifications by acting as a gateway into IT; some parents have gone on to enrol and do computer courses such as CLAIT</td>
</tr>
<tr>
<td></td>
<td>• Helping parents to get used to being away from their children if they are going to return to work</td>
</tr>
</tbody>
</table>

(ii) Service Delivery

**Main achievement – enabling parents of all ages and backgrounds to attain basic skills.** Encouraging parents to learn and to recognise that it is ‘never too late’ to learn basic reading skills and computer skills. For example, one parent from Storysacks went on to do a CLAIT course and then work in one of the branch libraries, and another now works for a mobile library. Two parents gave a presentation to HRH
the Royal Princess Ann after undergoing Basic Skills training. This indicates the potential of the service to give parents a first step in raising expectations, increasing confidence and realising their potential.

Attendance at the service is monitored by a weekly registration. The monitoring process has been problematic; there have been frequent changes to monitoring methods, with periods of no monitoring.

Parents are referred to the service by professionals in partner agencies or through self-referrals, by seeing the course advertised at the centre. There has never been any issue of difficulties with capacity. However, the co-ordinator feels that the service is not reaching ethnic minorities, perhaps because the service is operated so intensively from the centre, with little opportunities for outreach. It was identified in interview that regular attendance at a Chinese school may help build relationships of trust in parents’ own environments, and thence encourage mothers in small groups to access the centre.

The only difficulties experienced by the service has been successfully encouraging parents to use the local libraries. An interview with the co-ordinator highlighted that parents are “just not interested”. The focus is upon building up relationships with service users slowly, to develop a level of trust so that the co-ordinator can understand what the parents’ needs are, and can work to meet those needs by building confidence and through referrals to basic skills training or other services.

**Possible impact of stopping the service:** reduction in the opportunity for parents to learn Basic Skills in a non-threatening environment. Fewer parents taking computer qualifications. Loss of the opportunity to help parents and children to enjoy and learn from books and to play together.
(iii) Partnership Working

The co-ordinator works with staff in-house to discuss referrals in order to better understand the needs of individual families and barriers to learning and accessing services that may need to be overcome. Parents are also referred to partner agencies should issues be uncovered during sessions and there be a need for professional help; for example it emerged during one session that a mother was experiencing abuse at home and she was successfully referred to Women’s Aid to give her the support that she needed.

The co-ordinator is keen to work with external partners to provide a more ‘joined-up’ service, for example by working with a speech and language therapist to put activity packs together for the children. The co-ordinator has also organised for someone from the local library service to attend Storysacks sessions to encourage parents to become members of the local library.

There have been problems keeping a Basic Skills tutor to help with the IT side of the Storysacks sessions. Constant turnover due to funding problems have prevented relationships of trust being built with parents that are important for parents to feel confident and comfortable to take the Storysacks course further to more advanced training. Having recently secured college funding for a year, however, beginning in September, the co-ordinator can plan and build extended courses with adequate support. There are also plans to run a course accredited by the Open College Network. The accreditation can be used to help parents find employment should they wish to go on and work with children in posts such as Teaching Assistant.

Parents are encouraged to attend and are informed about the service through events such as a Recruitment Day with an IT tutor where parents could have breakfast and afternoon tea and be introduced to the concept of Storysacks.
(iv) Participation

The co-ordinator is conscious of evaluation fatigue at the centre and tries to look at different ways of evaluating the service at the end of each six week course. Evaluation has been done individually and via a focus group to capture views about the service.

(v) Observation, Tuesday 26 July 2005, 9.30am-11.30am

Four mothers attended the Storysacks session, arriving between 9.30am and 10.15am. A crèche was provided for parents to leave their children whilst they participated in the activity. This was the final session of the course, before another course begins in the Autumn in the new building. The session focused upon finishing the storysacks that parents began at the beginning of the course. This involved finding final toys to go with the stories, some of which had to be sewn and developed further. Despite attendance at previous Storysacks sessions, there was no accompanying IT skills work during this final session. The co-ordinator was careful to provide direction only when needed, to enable parents to make decisions independently. The co-ordinator worked to support and advise parents on their final choices of toys to complement their children’s storybooks.

Some parents had taped their story using a recorder, one of which was played back during the session. Listening to a tape whilst reading a story is an excellent tool for a parent whose first language is not English. One parent was busy writing instructions for the game she had made. Parents exchanged ideas both on how to make toys for the storysacks, and on their children, such as teething and behavioural issues. The co-ordinator reiterated during the session that storysacks could be borrowed at any time to use with the children (a store of storysacks are kept at the centre).

Since this was the final session, the co-ordinator handed out an evaluation form and asked if the parents wanted to complete the questionnaire together or individually. Certificates were also handed out in recognition of
their attendance and the new skills they had developed. Parents believed skills they had learnt included:

- manipulating colour pictures on the computer
- sewing
- laminating
- enlarging on the photocopier

The session was very informal and it was clear that parents were relaxed, very confident in using the equipment to make the toys, and conscientious about making a complete storysack. There was discussion over possibilities for doing other Storysack sessions in later months: at least two parents at the session had completed previous Storysack courses.

**(vi) Impact on Service Users**

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“She can learn to be left without mummy and to mix with the other kids.”
“I feel a lot more independent.”
“I want to do work at school now, and I feel more qualified to do it.”

It’s a brilliant first course to do if you’re new and have no confidence, as you can meet a nice group of people and come along regularly, it’s nice to see the same faces. At drop-ins there’s often a different group, but if you come here first you can arrange to meet at a drop-in.”

“Nobody judges anyone else when we talk—it’s a really good positive thing.”
“The courses give you confidence because you can get to know people without it being cliquish.”

“When I’m at storysacks and she’s in the crèche we can each do what we want to do.”

“I can’t knock it, I think it’s a brilliant course.”
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Five parents, all mothers with children between the ages of four months and five years, were interviewed about Storysacks. Parents’ views about the service are shown in the box on the left.

**Access**

Four parents thought that the times of the Storysacks session were convenient, but one could not always attend because of work commitments. She appealed for Storysacks sessions to run on different days of the week so that she could attend.

Two parents said that nothing stopped them from coming to services at Sure Start; two could not come sometimes because times of some services
clashed with their child’s pre-school, and one simply had “too many appointments” to do all that she wanted to do at the centre.

**Motivation**

The main reasons that parents attended were so that their children could make new friends and be sociable, and so that the children could become more independent and confident, having to spend time away from mummy in the crèche. For the parents themselves, three parents interviewed said that they came to make new friends and to meet people; in the words of one parent, “to actually get to speak to other adults”. Gaining confidence, both in going back to work and improving parenting skills, is also a strong motive for coming to Storysacks. One parent liked coming because she liked getting back into a routine of something like a ‘working day’, and another mother liked learning how to play with her child by using activities such as storysacks.

**Figure 3: pie chart showing parents’ motivations to access Storysacks**

<table>
<thead>
<tr>
<th>Parents' Motivations to Access Storysacks</th>
<th>□ Children can do different activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Children can make new friends</td>
</tr>
<tr>
<td></td>
<td>□ Children become more confident</td>
</tr>
<tr>
<td></td>
<td>□ Parents become more confident</td>
</tr>
<tr>
<td></td>
<td>□ Parents can get out of the house</td>
</tr>
<tr>
<td></td>
<td>□ Improve parenting skills</td>
</tr>
<tr>
<td></td>
<td>□ To gain qualifications</td>
</tr>
<tr>
<td></td>
<td>□ To have quality time away from children</td>
</tr>
<tr>
<td></td>
<td>□ To have a support network</td>
</tr>
</tbody>
</table>

**Satisfaction**

Three parents said that they were happy with the content and variety of the activities at storysacks; the remaining two parents interviewed were so
happy with the content that they would like the service to be offered more often. Four out of the five parents interviewed said that there was nothing at the centre that they didn’t enjoy, and three parents thought that the centre provided enough activities for them and their children.

Other ideas for activities at the centre included:

- Having a separate activity for single mothers to meet and talk about their experiences.
- Provide capacity for older children during the school holidays so that children could come together.

**Service Staff**

Four out of the five parents consulted agreed that service staff were always friendly and helpful, and that they received enough information about what goes on at Storysacks and the centre. One parent however commented that “it has taken me three or four years to know what goes on here”.

**Participation**

Two parents thought that they did have the opportunity to say what they thought about Storysacks and that they could make a difference, whereas another didn’t know and two were sceptical about the opportunity for parents to inform activities at the centre: “it all comes down to the managers at the end of the day to say whether it happens or not”.

**(vii) Conclusions**

There is a high level of impact for parents accessing Storysacks courses. There are a number of success stories with parents going on to do Basic Skills courses and even into employment into fields such as the Library service. Parents can make new friends whilst children have gained in confidence and learnt early literacy skills through playing with the storysacks.
Partnership working has been very effective, with extensive evidence to demonstrate how parents have been referred onto Women’s Aid or Basic Skills as needs dictate. Opportunities to work with new partners, such as developing a course with the College Network for parents to get an accreditation, shows that the service is continuing to develop and improve. There are issues around monitoring, which has been irregular, and future opportunities to make links with the Chinese community. These are yet to be developed due to lack of capacity identified for taking the service beyond the confines of the centre.

**(viii) Recommendations**

- Sure Start should look to research opportunities to make links with the local Chinese and other Black and Minority Ethnic communities to bring Storysacks workshops to more people.
- Review current monitoring procedures to ensure that formal processes are in place to report back attendance figures and progress against targets.

### 4.4 Overview of Remaining Services – Process & Impact

Seventeen service provider questionnaires were sent out to in-house and external service providers and fifteen were returned; this is an excellent response rate. The questionnaire included a diverse range of questions investigating the nature and background of the service, the relationship of the service to SSHPW, partnership working with other services (both Sure Start and Non Sure Start) and outcome benefits for users.

Given the length of the questionnaire it is not possible or relevant to provide analysis of all questions; therefore certain pertinent questions have been selected for analysis. These include responses relating to: meeting ECM outcomes and identifying prevention levels; partnership working and communications; participation and evaluation; future service delivery. Two informal telephone interviews with a Sure Start Worker and the Family
Liaison Worker/Social Worker were also held to gain a more holistic view of service provision at the centre, and their responses feed into the topics above.

4.4.1 Description of Remaining Services

A diagram of services provided by SSHPW is provided here. Services provided in-house are shown in their relative positions to where they operate in the Sure Start centre. Arrows show whether in house services also provide outreach services, and whether external agencies offer some services in-house. This continual flow of support, advice and information for Sure Start families in and out of the centre and into the local community is designed to help reach the most amount of people, and to deal with a complex variety of needs that requires more than one service to address.

**Figure 4:** diagram showing how services are provided in-house and as outreach agencies across SSHPW
Partner and external agencies operating within and out of the centre are able to take advantage of meeting with other professionals during different service times and activities to share information and refer families.

However, it is also clear that some in-house services such as Music Makers and Storysacks are not being taken beyond the confines of the centre and into the community; an issue brought up in an interview with the Storysack Co-ordinator. In-house services at SSHPW could utilise links made by other services operating as outreach in different communities, such as Ethnic Minority communities, to help bring more of their services out to the local community. Learning and understanding about Sure Start services within families’ own environments may also help to overcome erroneous perceptions about the centre and encourage families to access more Sure Start services.

A short description of the remaining twelve services that did not take part in the in-depth analysis is shown in Figure 5.

The diagram demonstrates the wide variety of activities on offer at SSHPW, and shows how services offered in-house are supported by external agencies and outreach workers, in order to reach people who may not be able to physically access the centre. Services are frequently run by more than one agency, such as Health Visitors and Sure Start Workers running the STEP courses together. Sharing expertise through working together practically have strengthened links between partners and ensured that service providers are working towards the same aims.
Figure 5: providing a brief description of twelve services provided by SSHPW that were not included in in-depth evaluation

During the interviews with service users for the purposes of the detailed evaluation, parents were asked to comment on the resources at the centre. Eight out of the twenty-five parents interviewed had used the crèche, and all thought that the crèche was good or very good. One parent mentioned that crèche workers “checked to make sure my son was allowed everything and I’ve never had to come because he’s crying.”

Nearly two thirds (sixteen out of twenty-three) of parents interviewed who accessed services at the centre thought that the equipment at the centre
was good or very good. One parent commented that her children didn’t argue at the centre because of the large variety of accessible toys that keep them absorbed. The remainder thought that some equipment was worn out or due to be replaced, but most were optimistic that the new centre would meet their needs.

Positive feedback on the equipment at the centre and the crèche provided to help parents access activities is encouraging; parents are unlikely to access services with poor facilities. Learning to disengage from children and leave them in a crèche may contribute to parents increasing confidence in case they return to work or pursue other options independently.

**Recommendation:**

Opportunities to extend the remit of in-house services, such as Storysacks and Music Makers, to the wider Sure Start area should be investigated and exploited. This will help increase the reach of these services and allow service providers to network with more professionals and parents about their service. Networking outside of the centre will help to enhance awareness of SSHPW, increase referrals in and out of the service, and encourage more parents to attend the centre. This is especially important for services such as Music Makers, who are currently only receiving self-referrals (see ‘partnership working’ section below), and none from other services.

**4.4.2 Prevention**

Service providers were asked to describe the level of prevention at which their service works, and to provide examples to demonstrate how their service works preventatively to help support families before they reach crisis. The table below shows which services at SSHPW have categorised themselves at which levels of prevention, and provides evidence to support these categorisations.
Table 1: showing the number of services working at four levels of prevention, with examples of how some services are meeting those prevention levels

<table>
<thead>
<tr>
<th>Level of Prevention:</th>
<th>Number of Services</th>
<th>Examples of how services are achieving the level of prevention:</th>
</tr>
</thead>
</table>
| **Level 1** Diversionary – before problems can be seen | 9 | • **Speech & Language Therapy:** helping parents to support their children in developing good language skills  
• **Busy Bees:** giving advice to parents to help development of motor skills |
| **Level 2** Early Prevention – problems are evident/actions to prevent them getting worse | 11 | • **Grandparents & Toddler Group:** Signposting grandparents to other services to prevent them becoming isolated when looking after children  
• **Certificate in Pre-school Practice:** offering practical and emotional support to increase parents’ confidence  
• **SPRING Midwifery:** offering one-to-one care tailored to individual need |
| **Level 3** Heavy End Prevention – multiple, longstanding difficulties/customisation of services to meet needs of individual | 6 | • **Cornerstone Training:** one-to-one support to vulnerable and single parents to reduce isolation and increase social support  
• **Health Visiting Team:** visiting parents in their homes to help them change their behaviour according to their unique health needs  
• **Homestart:** working with parents in their own homes to meet practical and emotional needs, depending upon the family |
| **Level 4** Restorative Prevention – reducing the impact of intrusive intervention/applying to e.g. children and young people in public care | 7 | • **Acorn Young Parents:** working with parents who have been excluded from mainstream schools and supporting their developing parenting skills  
• **Kingsmoor House Pre-school:** help develop parenting skills and help parents to overcome social exclusion |
The table above demonstrates that SSHPW offers complementary services from both the voluntary and statutory sectors, working at all levels of prevention to help protect children and to prevent family breakdown.

Preventative services at the centre are supported by one-to-one support offered by a Social Services Worker who offers support at the centre and via outreach. This role has been titled ‘Family Liaison Worker’ to avoid stereotypes surrounding the term ‘social worker’, to encourage parents to talk to someone regarding social service issues without accompanying fears surrounding accessing a statutory authority. In interview, the Family Liaison Worker explained that she works to bring families out of isolation and to change attitudes to support networks by demonstrating that they are not threatening, intimidating or difficult to use. The Family Liaison Worker signposts parents to professionals and peer group support.

The Family Liaison Worker also works to change perceptions surrounding family life. In interview, the worker highlighted how parents are shown that they do not have to remain in a violent relationship by providing them other options, and how parents are encouraged to change their relationship to their children by breaking patterns and encouraging positive parenting skills.

Thus the more intensive, one-to-one work offered by the Family Liaison Worker supports and complements other services, often helping parents on the first step to accessing those services and providing support to service providers themselves on issues surrounding child protection and other concerns.

**4.4.3 Meeting ECM Outcomes**

In terms of meeting ECM outcomes, evidence from service provider questionnaires suggests that services are doing the work but formal processes to focus services on those outcomes are not yet in place. In the words of one service provider, “they [the ECM outcomes] fit in naturally – we’ve been doing it all anyway”. All the broad ECM outcomes are addressed by a variety of services, according to their questionnaire
responses. The following findings on how far services are working towards addressing ECM outcomes is based on the results of fifteen service provider questionnaires:

**Be Healthy** – 43% of services are looking to meet objectives surrounding health, with 60% of these services concentrating on emotional health, a third on nutrition and 20% giving breast feeding advice. Six service providers remarked that ‘Healthiness’ was the most significant objective that their service addresses.

**Stay Safe** – 32% of services are looking to meet objectives surrounding ‘staying safe’, with over 50% of these services focusing on managing behaviour and nearly three quarters of services aiming to help build parents’ and children’s confidence and independence. No services evaluated address issues surrounding personal safety or risk management.

**Enjoy and Achieve** – 49% of services are looking to meet this objective area, with nearly half of these services looking at Early Learning Goals and providing opportunities for children to play; 60% of this group concentrate on literacy, and over half help children and parents’ personal development.

**Make a Positive Contribution** – 47% of services help children and parents to ‘make a positive contribution’ to their community, with over half of these services addressing issues surrounding inclusion and participation, and nearly three quarters of services help families to develop their social skills. Only one service is currently looking at ‘community building.’

**Achieve Economic Wellbeing** – 22% of services are looking to meet this objective area, mainly surrounding helping to develop basic skills (nearly a third of services).

Services are in place, therefore, to meet all ECM outcomes, and nearly all aspects within those outcomes, with the exception of work surrounding ‘staying safe.’ This links to earlier evidence highlighting lack of Police involvement in the programme, resulting in a gap in provision of
information and advice on personal safety. Just under a quarter of services broach the issue of ‘achieving economic wellbeing’, so the importance of links with external agencies such as Jobcentre Plus, is vital if SSHPW is to work effectively to meet this fifth outcome.

Despite making good progress on the ground, there is still a significant lack of understanding and consensus amongst service providers surrounding the role of ECM outcomes in delivering the SSHPW programme. All seven service providers interviewed had heard of the framework, yet not one had looked at the role of their service in terms of meeting ECM outcomes. Three providers said that they “don't know much about it,” and two other providers expressed confusion as to how the new outcomes fit into the SSHPW programme.

Providers have been given information but have not had any direction about addressing the targets at a local level. One provider commented in interview that “we need to sit down and specify how they fit in with the new building.” Refining processes to meet targets is especially important in making decisions on the current and future delivery of services: a service provider commented in interview that “we’re sometimes muddled between what are nice things to do and what targets are - so it needs more clearly defining”. The programme therefore needs to be reviewed in light of the revised policy targets to determine if the operational strategy is meeting new demands, which will become especially important when the programme makes the transition to children’s centre status.

The Sure Start Programme Co-ordinator and Operations Manager have recognised that there is work to do in formalising procedures around ECM outcomes, and have identified that Sure Start will in the near future:

- Formalise a framework to demonstrate which services at SSHPW are meeting which ECM outcome
- Meet with service staff to ensure that all Sure Start workers understand the Every Child Matters Agenda and which ECM outcomes they are looking to meet; this may be encompassed in a team away day, led by the Programme Co-ordinator
• Link in with other partnerships, CYPSPs and the Harlow Education Consortium to understand where SSHPW will fit in the wider children’s strategy in Harlow

Evidence has shown that despite a slow start, SSHPW is taking the first steps towards formalising procedures surrounding the ECM framework, and services have been making good progress towards meeting those outcomes.

**Recommendations:**

- More work should be done with parents and children on issues surrounding personal safety, perhaps by linking in with the newly restructured Women’s Aid service. Links with the Police should be developed, as mentioned in the section above, to include them in the programme and to make use of their expertise in promoting personal safety across SSHPW services.

- SSHPW could help to promote ‘community building’ by bringing more services to the community beyond the confines of the centre, as mentioned in the section above.

- The Operations Manager and Programme Co-ordinator need to ensure that service providers have a comprehensive understanding of ECM outcomes. This should involve taking action on the points above in order to formalise and embed the ECM framework into the programme.

**4.4.4 Service Reach**

The evaluation has shown that there are still improvements that can be made to improve service reach. Six services responded in the questionnaires that they were not sure if the most needy families in the Sure Start area were being reached, and four services believed that they were not reaching those in need, including Storysacks and the Health Visiting team. Only four services believed that their service was reaching those most in need, including Homestart and Family Pop-ins.

When asked what prevents or hinders people from using the services, the most significant barrier to accessing services was not having enough
publicity and parents having transport difficulties (a third of services thought that these barriers were most significant). Three services thought that parents may not believe that they or their child was eligible, and two services thought that there may be issues with parents not having trust in the service. Other barriers identified include:

- Lack of confidence to approach the service or try something new
- State of cleanliness of the current building
- Low aspirations of families in the Sure Start area
- Lack of time to access services for parents with busy lives
- Assumptions that SSHPW is a monitoring agency
- Parents feel that they do not need the services
- Perception that the centre is only for lone parents or those on ‘the wrong end of the social scale’

The barriers identified here are supported by similar comments made by parents in user questionnaires, especially in regards to lack of time to access services. Perceptions of SSHPW as a ‘monitoring agency’ were also highlighted during interviews with non-users, and discussions with the Parents’ Forum focused upon erroneous perceptions of parents that the programme is only for the ‘multiply deprived’, which is similar to the barriers brought to light here (see Section 5 for more details of these findings).

In terms of overcoming these barriers, service providers often support families through outreach, which helps to overcome problems with transport and confidence in coming into the centre. The new building should help people previously averse to using the centre because of its condition to access the services. SSHPW is making efforts to reach out to isolated communities, including the traveller community, by visiting the site weekly and taking parents on school visits, according to Sally Naylor of the Traveller Education Service. Midwives engage regularly with travellers and some access Sure Start services. People from minority ethnic groups also use the centre, which has been highlighted in the monitoring information; over time there have been a number of Black and Asian families and Kosovan and Albanian refugees accessing services.
4.4.5 Partnership Working and Communications

Eight out of the nine partners consulted stated that support for their service from Sure Start was ‘Adequate’ or ‘More than adequate,’ and over half felt that staff were ‘very helpful.’ Ten out of the fifteen services consulted in total work with other Sure Start services regularly, and only two service providers rarely work with other services run by the programme.

As they are in the position to access a large number of Sure Start children and families, (Health Visitors visit every new birth in the area), the SPRING Midwifery and Health Visiting teams have made the most referrals to Sure Start services over the past six months. A third of services have made between one and five referrals. Four services have not made any referrals to other Sure Start services at all. These include Homestart, Music Makers, Kingsmoor House and Speech and Language Therapy.

Twelve out of the fifteen services consulted have all received referrals from other Sure Start services, except for Music Makers, where parents access the service entirely through self-referrals (over twenty in the past six months). Family pop-ins also received the highest number of referrals as self-referrals. Just under half of the services received referrals from non-Sure Start services.

Direct outcomes of partnership working to parents include:

- Referrals for Basic Skills training, from services such as Cornerstone Training and Storysacks, has helped parents gain further qualifications in areas such as IT.
- Bringing childcare and training together under one roof has enabled more parents to gain qualifications
- Occupational Therapists perform joint assessments with Health Visitors.
- A STEP parenting course has been created by Sure Start staff in partnership with the Health Visiting Team
When asked about what additional support partners felt that they would benefit from, four out of nine services would like more to be done on sharing information, and two services felt they would profit from more networking events. Two services felt that support was excellent and that they required no further assistance.

‘Networking’ was thought to be the biggest advantage of being a part of Sure Start, with eleven out of fifteen services feeling that they gain by having opportunities to network through SSHPW. The opportunity to work in partnership with other services was also a significant pull to work with the programme: half of services responded that this is the biggest reward of working with SSHPW. Seven services enjoy the ‘wider recognition’ that came with being part of a wider programme.

More than three quarters of services at Sure Start also work in partnership with non-Sure Start services, such as Mental Health teams, Family Centres, pre-schools, local education establishments such as North West Adult Community College and the local Police. Outcomes of working with these services include:

- Helping service users to access a wider number of services for advice on employment, voluntary work, training, debt and legal aid.
- Providing services in a wider community context, at libraries, preschools and nurseries etc.
- Development of new ideas and concepts, such as a two session experiment of painting to music at Music Makers
- Business sponsoring of the toy and book sacks created in ‘Storysacks’ workshops
- Multi-agency working with drug-dependent mothers
- Working with schools to more successfully integrate children

Partnership working beyond the boundaries of Sure Start funded agencies has therefore increased awareness in Harlow of the SSHPW programme.
Two informal telephone interviews took place with external agencies linked with the programme: Jobcentre Plus and Traveller Education. The first interview was conducted with the Area Manager for the Traveller Education Service, in Essex County Council. The Area Manager works in partnership with SSHPW as part of the wider county service for Traveller Education, and was involved in preliminary discussions with staff at SSHPW during its initial set up to help support travellers. The Area Manager links in with a Sure Start Worker at the centre who has a responsibility to work with travellers at the centre.

According to the Area Manager, a representative from SSHPW visits the travellers’ site in the Sure Start area once a week, and works with the Traveller Education Service to talk to parents about their children attending preschool or primary school. The Traveller Education Service is kept informed of what is happening at the site through regular conversations, meetings every term, and recently through monthly monitoring forms.

The Area Manager stated that there were no barriers to partnership working under the control of SSHPW. The only problem encountered were changes in personnel, on the side of both partners. The service has completed extensive training with workers at SSHPW and during interview the area manager remarked that the workers are “very supportive” of the service.

Interviews with service staff have shown that recent links with Jobcentre Plus have been patchy; previous attendance of Jobcentre advisors at pop-ins and other activities has dropped off. An interview with the Childcare Partnership Manager for Essex County Council helped to highlight reasons for recent absences. Jobcentre advisors had attended drop-in sessions at SSHPW initially. However, a poor take up of service by parents has made their presence at the centre difficult to justify. Moreover, national targets on holding interviews with jobseekers have recently lessened, meaning that the service no longer needs to use the centre in order to access jobseekers for interviewing.
The Partnership Manager saw few barriers to partnership working with SSHPW in general and keeps SSHPW informed of new initiatives at Jobcentre Plus. In turn Sure Start workers keep Jobcentre Plus informed about children centre development through informal communications. The Partnership Manager feels that SSHPW is very supportive of the service.

Thus the partnership is currently only functioning at an information and advisory level between staff at both services. The Area Manager sees more opportunity to reinstate Jobcentre Plus advisors at regular sessions at SSHPW when it is operating as a Children’s Centre out of the new building, should attendance at the centre increase as anticipated with SSHPW’s wider remit.

Evidence indicates strong partnership working. However, the only partnership to have completely broken down is that of Women’s Aid, where conflicting agenda and policies resulted in their voluntary removal from the programme, according to the Programme Co-ordinator at SSHPW. In order to ensure continual links to Women’s Aid, a part-time provider is now employed directly by the programme. Free from restrictions operating on previous Women’s Aid service providers, the current provider has greater flexibility over her role and the range of activities that she can undertake, according to the Programme Co-ordinator. The provider has extended her remit to work with women not only experiencing domestic violence but also women experiencing emotional and other types of abuse within the home.

In terms of communications, most providers use other professionals to publicise their service. The chart below shows the extent to which providers use other methods to advertise their service:
Evidence indicates that the majority of services are making good use of standard communication channels to advertise their service, with nearly two thirds making use of outreach. Only two services advertise via websites. Services could be missing a valuable resource by not advertising on websites; careful choice of sites could help overcome current perceptions of the programme as being only for lone parents and the ‘multiply deprived.’

**Recommendations:**
- Links with Jobcentre Plus should be renewed in the new children’s centre. Encouraging all services to communicate and support parents who use their service to attend these sessions could help to bolster attendance at Jobcentre Plus advice sessions.
- Service providers should consider publicising their services on websites.

### 4.4.6 Participation and Evaluation

Problems with monitoring have been encountered throughout the evaluation. Service providers have commented in interview and via questionnaires on the lack of a systematic approach to monitoring, and accuracy of monitoring data has been put into question by difficulties in the non-user analysis, as examined below. Seven providers said that their experience of the monitoring process at SSHPW was sporadic, and varied between good and problematic. A third of service providers consulted received little feedback from SSHPW after reporting on their monitoring
figures, and four service providers confused the question with the question of evaluation. Two providers had had no experience of monitoring at SSHPW at all.

Discussion with the Programme Co-ordinator highlighted a desire to provide feedback for services; however, no services had been identified as coming forward for feedback. This apparent discrepancy between the services’ and Programme Co-ordinator’s understanding of the uses of monitoring within the programme indicates a need for greater communication and a more structured process for feedback.

In terms of **evaluation**, the preferred methods for evaluating service provision are shown in the chart below:

Figure 7: *showing how service providers evaluate their services*

The table above demonstrates that all providers evaluate their services, mainly using verbal feedback and questionnaires. However, four services rely solely on verbal feedback rather than any formal evaluation process. Only one service uses focus groups to evaluate their service.

A third of service providers evaluated their service at the end of each course, and three held mini evaluations at the end of every session.
Fourteen out of fifteen services made changes to their service as a result of their evaluation, with the exception of Homestart.

In terms of involving children in evaluation, three services consulted with children in the set-up of the service, including Family Pop-ins and Busy Bees. Eight services did not involve children initially, and four did not respond to the question. A third of services consult children about the delivery of the services, a third do no consultation with children and another third failed to respond to the question. Those who did involve children, did so in the following ways:

- Observation of children’s behaviour helps to identify appropriate format of ideas (Busy bees)
- Awareness of what children most enjoy at the sessions (Family Pop-ins)

The fact that a third of services did not reply to questions in regards to the involvement of children in the evaluation, and another third do not involve children in evaluation at all, points to a potential lack of understanding about the participation of children, and its appropriateness for certain services.

Providers have taken more steps to involve parents in the evaluation of services. Eight providers out of the fifteen consulted ensured that parents were involved in the set-up of their service, including:

- Consultation about times, commitment and content for the Certificate in Pre-School Practice
- Consultation about individual needs before the service was set up at Cornerstone Training
- Parent representatives provide input on the management committee at Homestart
- Asking parents about expectations of the service at Busy Bees and Bouncy Bears

Therefore over half of services involved parents in the initial set-up of the service. It is important that these experiences are not wasted and SSHPW
should look to support service providers to have good practice around finding appropriate ways to involve parents.

Eleven services involve parents in consultation on the delivery of service sessions, in the ways mentioned above. Only two services did not involve any parents or children in any aspect of evaluation; these were Speech and Language Therapy, who felt that they did not have enough time for consultation, and the SPRING Midwifery service.

Out of the twenty-three parents interviewed who have accessed the Sure Start centre, nearly two-thirds had heard about the parents’ forum, and six parents were previous members. Four parents found that they did not have enough time to consider becoming a member. One previous member commented on the “personality problems” that stopped the parent’s forum from working effectively in the past. Two parents did not think that they were eligible to become a member of the forum and another three commented that they “did not know much about it” so they had never thought of joining.

**Recommendations:**

**Monitoring**

- The current monitoring process needs to be reviewed
- Formal monitoring procedures need to be put into place, and should be consistent across all services, to prevent confusion and to allow cross referencing between data from all services.
- Monitoring procedures and guidelines need to be communicated to all providers, with regular feedback on how monitoring systems are working in services, to check that the monitoring system is working effectively.
- Feedback on monitoring information collected should be built into regular meetings with service providers so that they can review their services in light of the figures. This will help commitment to the monitoring process as providers understand the need for the information.
Evaluation

- Formal methods of evaluation should be employed in all services. Workshops or sessions to disseminate information on evaluation methods should be offered to all providers to ensure that they have the knowledge to undertake evaluation activities at their services. Alternative methods to questionnaires, such as focus groups, should be employed to avoid evaluation fatigue.

- SSHPW could research ways of including children in the evaluation of services. Methods such as the ‘Mosaic Approach’ of listening to young children could be incorporated into the evaluation of services to improve their capacity to participate. The aim of this approach is to find practical ways to contribute to the development of services that are responsive to the 'voice of the child' and which recognise young children's competencies.

- SSHPW should take steps to ensure that parents are involved in the planning of future services, through the parents’ forum and general consultation with users of other services at the centre. This should be a formal procedure.

4.4.7 Future Service Delivery

Providers were also asked about the delivery of services in the new children’s centre, noting some existing gaps in service delivery and potential problems in delivering services in the new centre due to space restrictions.

Gaps in Service Provision

Six service providers thought that the programme was delivering a comprehensive set of services with no gaps in service provision. The remaining nine providers consulted highlighted the following as missing from the service:

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• **Speech & Language Therapy** – Two service providers noted a change in provision after a permanent Sure Start Therapist was no longer employed directly, and provision moved to a consultancy basis. The service is more irregular and it is more difficult to make referrals; one service provider did not think that SSHPW had any links with Speech and Language Therapy at all, and so had not been referring parents to the service.

• **Educational Psychology** – Three service providers and a local head teacher on the Management board noted that the lack of a Pre-school Teacher in post was having repercussions in the diagnosis of children with special needs (please see recommendation in section 3.3.7 above). Valuable advice on schools is also much missed, according to another provider in interview. Recruitment problems and disappointments have frustrated extensive efforts to recruit someone into the post, according to the Programme Co-ordinator.

• **Mental Health Services** – Three service providers and one board member have noted a gap in links with the Mental Health service. Issues surrounding postnatal depression need to be addressed as Health Visitors’ caseloads prevent them from addressing the condition comprehensively. Overcoming mental health issues are often the first and most important barrier in supporting people to become capable to access other services, according to one service provider during interview. There are also issues surrounding parents’ low self-esteem. One service provider commented that, when a mother was asked in a parent group to say something good about herself, she “couldn’t think of anything and burst into tears.” There are plans however to begin a semi-therapeutic group for children who have come through violent situations, and nine out of fifteen services broach the issue of emotional health, according to questionnaire returns.

• **Jobcentre Plus** – two services have noted a gap in links with this service, which is no longer working with parents on the ground, due to low attendance at Jobcentre Plus sessions (please see section 4.45 above).

Providers have also highlighted concerns with delivering services in the new centre, including catering for a wider area that may push services past
capacity, a smaller physical space to work with in the new centre and managing expectations of how the new centre will improve services and service outcomes.

**Recommendations:**

- Links with the Harlow Mental Health department should be developed to help support services broaching mental health issues, in order to increase capacity and expertise at the centre in dealing with these issues.
- The availability of Speech and Language Therapy (SLT) resource at SSHPW should be communicated to all service providers, with appropriate contact details and information on the consultant’s capabilities given. This should help strengthen links and partnership working between SLT and other Sure Start services, and increase referrals into the service.

### 4.5 Value for Money Assessment

A Value for Money Exercise was undertaken with four Sure Start services:

- Children’s Occupational Therapy
- Health Visiting Team
- Homestart Harlow
- SPRING Midwifery

These services were chosen because a breakdown of funding provided to the service from SSHPW could be identified. Other services use a combination of resources and funding from SSHPW, from different areas of the budget, so it was not possible to identify a clear proportion of funding for those services.

Due to the nature of the services, and time limitations, it was not possible to do a full economic evaluation, whereby inputs, outputs and outcomes are given a definable cost and then value determined from that cost. Due to difficulties in quantifying outcomes, the evaluation adopted a ratings
methodology where services were asked to rate themselves according to ‘input’ and ‘output’ measures. This was done using a self-assessment matrix, which allowed services to rate performance against four key input indicators (unit cost; other resources used; efficiency; overall value) and five output/outcome indicators (evidence of impact; service user value; service provider value; service user participation; Sure Start targets).

Each of the indicators included four ‘best fit’ statements with an accompanying score (1-4). Services were asked to indicate the most appropriate statement and to give corresponding evidence. Also included was an opportunity for additional comments, which allowed services to provide some qualitative aspects to support their ratings.

The self-assessment questionnaires were analysed by comparing the total input score against the total output score. The ratings given for each indicator were corroborated against supporting evidence and assessed for the appropriate score given. For example, one service rated themselves as offering excellent value for money (score 1), evidenced by a Best Value review completed two years previously. Changes were made to some scores that did not appear to be substantiated by the evidence given, to a more appropriate rating.

Overall input and output scores were graded ‘high’, ‘medium’ or ‘low’, and the level of value for money was determined by the relationship between those grades. This method of determining value for money has been developed through sharing good practice with evaluators\(^\text{31}\) in the Change for Children sector, and is based on a similar grading system used by OFSTED. These values are:

- Excellent value (outcome grade substantially higher than input grade)
- Good value (outcome grade higher than input grade)
- Value (outcome grade matches input grade)
- Poor value (outcome grade lower than input grade)

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\(^{31}\) Current Value for Money Evaluation adapted from the self audit framework tool used and developed by David Walker, North Yorkshire Children’s Fund
The table below illustrates the relationship between these grades:

<table>
<thead>
<tr>
<th>Inputs</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Some Value</td>
<td>Value</td>
<td>Poor Value</td>
</tr>
<tr>
<td>Medium</td>
<td>Good Value</td>
<td>Value</td>
<td>Poor Value</td>
</tr>
<tr>
<td>Low</td>
<td>Excellent Value</td>
<td>Good Value</td>
<td>Value</td>
</tr>
</tbody>
</table>

It is important to note that services may be given the same ‘value for money’ grade, but have different input and output levels, as shown by the table above. This is because the exercise compares inputs and outputs for that service, rather than comparing services against each other.

**Table 2: showing the overall input, output and value for money grades for all services participating in the evaluation, including comments to support the grading**

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Input Grade</th>
<th>Output Grade</th>
<th>Overall VFM Grade</th>
<th>% funding provided by Sure Start</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Occupational Therapy</td>
<td>Medium</td>
<td>High</td>
<td>Good</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Health Visiting Team</td>
<td>Medium</td>
<td>Medium</td>
<td>Value</td>
<td>Unknown</td>
<td>Unit costs are not known, increasing the input grade</td>
</tr>
<tr>
<td>Homestart Harlow</td>
<td>Medium</td>
<td>Medium</td>
<td>Value</td>
<td>31.1%</td>
<td></td>
</tr>
<tr>
<td>SPRING Midwifery</td>
<td>High</td>
<td>High</td>
<td>Value</td>
<td>Unknown</td>
<td>Sure Start contribute funding to cover 2 of the 5 midwives operating from the Centre</td>
</tr>
</tbody>
</table>

The table above shows that the Homestart service is a good investment for Sure Start Harlow, given the proportion of funding that they provide the service, and the ‘Value for Money’ rating calculated by comparing inputs against outputs. Despite ratings of ‘Good Value’ and ‘Value’ for money awarded to the Children’s Occupational Therapy service and the Health Visiting Team and SPRING Midwifery teams respectively, it has not been possible in this exercise to fully assess whether they offer Value for Money...
in terms of the contribution made by Sure Start, This is because the proportion of funding provided by Sure Start, as part of the total budget for each service, is not known. However it can be clearly seen that all three services are delivering services that offer value for money with respect to their individual input and output measures.

4.6 Overall Conclusions

This section draws together key themes from the detailed evaluation and wider service provider processes, to reflect upon the delivery of services at SSHPW. This includes partnership working, communications and use of resources; the level of prevention at which services were working in the community; gaps in service provision and how far services were meeting ECM outcomes. Looking at five services more in-depth also aimed to uncover how service providers enable parents to participate in the set up and delivery of their services, and the impact of services upon users.

Evidence has shown that most services are set-up to meet parents’ needs both within the centre and within their own homes, with a few exceptions. Many services are working together to provide services for families, and the crèche and equipment at the centre to support these services are well received. There are services at SSHPW working across all levels of prevention, with good examples of support for families to prevent them reaching crisis. The Value for Money Assessment showed that four partner agencies funded by Sure Start offer value for money, with good to high levels of output for their services.

Service providers are working towards meeting ECM outcomes informally, with many services meeting three to four ECM outcomes each. The ECM framework is yet to be embedded into the programme, and work on helping parents with personal safety, supported by Women’s Aid, is yet to be developed. Monitoring information demonstrates that the programme is reaching BME communities and specific work is being done with travellers.
Partnership working is mainly effective and Sure Start staff are widely embraced as supportive and helpful. Referrals are being made into and out of Sure Start services, with a few exceptions. Links with external agencies are good, but there are many opportunities to link in with other agencies such as Mental Health and the Police to enhance service delivery. Monitoring processes are weak and require improvement. Involving parents in evaluation is occurring across all services, but not always formally.

4.7 Recommendations

The following recommendations have arisen from the service provider evaluation:

**SSHPW should:**

**Partnership Working**
- Develop links with the police to promote personal safety.
- Create links with Mental Health to support services broaching mental health issues.
- Renew links with Jobcentre Plus in the new children’s centre to provide for the ECM outcome ‘Achieve Economic Wellbeing’.
- Ensure that SLT services provided by Sure Start are being utilised effectively by parents by ensuring that all service providers are aware of the service’s capabilities.

**Service Reach**
- Identify key language barriers and source local interpreters for Health Visitors.
- Research opportunities to make links in the wider community, such as with Black and Minorities, to bring in-house services such as Music Makers and Storysacks workshops to more people.
- Ensure that services have access to a Pre-school Teacher, replicating the consultancy model used with SLT if recruitment issues continue.
- Establish regular ‘newcomer’ sessions for new parents to attend the centre for the first time, building their confidence to access regular SSHPW services.
- Research possibilities of advertising services on appropriate websites.

**Internal Processes**

- Partner agencies to ensure that they attend meetings every other month.
- Ensure that service providers have a comprehensive understanding of ECM outcomes to formalise and embed the ECM framework into the programme.

**Monitoring**

- Review the current monitoring process and formulate formal monitoring procedures for all service providers.
- Communicate monitoring procedures and guidelines to all providers, with regular feedback on how monitoring systems are working in services.
- Provide regular feedback to all service providers on monitoring information so that they can review their services in light of these figures.

**Evaluation**

- Employ formal methods of evaluation in all services
- Research ways of including children in the evaluation of services
- Ensure that parents are involved in the planning of future services
5 SERVICE USER LEVEL

5.1 Introduction

The purpose of this section is to uncover the impact of Sure Start services upon the lives of local children and families. This involved a critical assessment of the impact that the processes described in the Service Provider section above have had on the parents and children who access services at SSHPW. The impact that the government envisions in the Children’s Act of 2004, the ‘ECM’ outcomes, are looked at specifically to evaluate the ‘felt’ impact of the programme (whether parents and children feel that they are more ‘healthy’, ‘safe’ etc after accessing Sure Start services). As part of evaluating the impact of the programme, parents were encouraged to participate in the evaluation by being given the opportunity to take part in a co-evaluation process, described below.

All service users of the fifteen SSHPW funded services under evaluation had the opportunity to complete a self-assessment questionnaire. 240 questionnaires were sent out and 75 were returned. Eleven telephone interviews were also carried out with eleven parents of children under five who lived in the Parnall-Wood area but did not access Sure Start. Both sets of data included questions about age, ethnicity and other demographic details. This meant that we could compare the two sets of data to work out patterns of use – ultimately to find out ‘who we are reaching and who we are not’.32

Problems with monitoring data however meant that it was necessary to discontinue non-user interviews after eleven had been completed. The details of families who do not access SSHPW services were gathered from a database holding monitoring information of all families eligible to access Sure Start services, (that they live in the Sure Start area and have children under five years of age). Those families recorded to have accessed Sure Start services, documented through compulsory monitoring exercises at every service session, were removed to leave the ‘non-users.’ However,

upon calling those families, it emerged that every single parent telephoned had used Sure Start services at some point previously. Telephone interviews were therefore done only with parents who no longer used the Sure Start services.

5.2 Impact of the programme: questionnaire analysis

5.2.1 Demographics of respondents

Table 1 shows 75 responses in total were received from a variety of services, the most prevalent being Busy Bees, the Pop Ins, Music Makers and the Health Clinic. While this was the main service through which users accessed the questionnaire, later questions highlight that parents use a variety of Sure Start services.

Table 1: showing the number of questionnaires returned from each Sure Start service

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Number Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP Courses</td>
<td>5</td>
</tr>
<tr>
<td>Certificate in Pre-school practice</td>
<td>1</td>
</tr>
<tr>
<td>Health Visitor Clinic</td>
<td>10</td>
</tr>
<tr>
<td>SPRING Midwifery</td>
<td>5</td>
</tr>
<tr>
<td>Kingsmoor House Pre-School</td>
<td>3</td>
</tr>
<tr>
<td>Homestart</td>
<td>6</td>
</tr>
<tr>
<td>Busy Bees / Bouncy Bears</td>
<td>17</td>
</tr>
<tr>
<td>Story Sacks</td>
<td>2</td>
</tr>
<tr>
<td>Pop-ins</td>
<td>14</td>
</tr>
<tr>
<td>Fun with Ones / Twos</td>
<td>2</td>
</tr>
<tr>
<td>Music Shakers / Makers</td>
<td>10</td>
</tr>
</tbody>
</table>

A majority of respondents were aged 30-45 and 73.3% of respondents identified themselves as the mother of the child, i.e. at least 75% of respondents were female. Seven respondents identified as male (9.3%).

18.6% of respondents responded that they were single i.e. lone parents and all of these were female.
Just over 20% or 17 (1/5) of the sample were unemployed and of these 14 were female. This means that 25% of women who answered were unemployed; 43% of the male respondents were unemployed but this is not reliable as the sample of males is very small (only 7).

Of the 75 responses only 52 gave income details and of these 57.7% had an income of less than 20k; 23 people did not give a response. Eleven of the fourteen single parents identified an income of less than 20k; this is a much higher proportion on a lower income than those respondents with a different marital status. Thus all the single parents, who responded to the survey, were female with a higher proportion of this group on a significantly lower income.

Only three respondents reported a disability, two of these identified issues with hearing and one did not say.

The pie chart below shows the ethnicity spread of the 75 respondents; it can be seen that a large percentage identified as white British. Of those that identified as other ethnic group this included: Algerian, Estonian, Ethiopian and Gypsy white.

![Pie Chart showing Ethnicity of Respondents](image)

This data shows that the Sure Start is reaching a higher proportion of BME groups than would be indicated form the local demographic data. Census information identifies a 95% white population, significantly higher than the 83% identified in the Harlow service user sample.
A majority of respondents had either one or two children (see table). The average number of children per response is 1.93. Only two respondents identified that they had five children.

**Table 2: showing the breakdown of the number of respondents’ children**

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

As some respondents have larger families the spread of age ranges is correspondingly large. The two families with five children have age ranges spread between nineteen and two years old. All 28 respondents with one child have children under the age of four. The histogram below shows the spread of age ranges – as expected a majority of children are under four. However the spread of age ranges of dependant children also highlights the need for services to recognise that families have a range of needs beyond the 0-five year boundary and that services may impact on children and young people across age ranges not just 0-five.

**Figure 2: Histogram showing the age distribution of respondents children**

![Histogram showing the age distribution of respondents children](image)
5.2.2 Engaging with the Sure Start

Nearly 70% of the sample had been attending SSHPW for one year or more, with only three respondents attending for less than one month. 60% of those that attend for one year or more come to the Sure Start for two/three times per week.

When the two are cross tabulated there appears to be little pattern between how long a parent has attended Sure Start and how frequently they come to services. Of the two parents who reported attending daily both had been with the Sure Start over two years. Conversely however, one parent who had been with Sure Start for more than two years reported they only attended the service once every three months.

5.2.3 Impact of Sure Start

When asked how they were feeling before and after engaging with Sure Start a majority of respondents gave only one feeling as opposed to multiple feelings.

**Table 3: showing the number of feelings given by respondents before and after engaging with SSHPW**

<table>
<thead>
<tr>
<th>Number of feelings</th>
<th>Before (no. responses)</th>
<th>After (no. responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>1</strong></td>
<td><strong>58</strong></td>
<td><strong>61</strong></td>
</tr>
<tr>
<td>2</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

The following graph shows the first feelings described by respondents both before and after attending Sure Start:
Figure 3: Graph showing the change in feelings before and after joining Sure Start

It can be seen that prior to starting at Sure Start users reported a range of feelings including happy, interested, undecided, worried, lonely and sad. While it is not apparent that users have moved from predominantly negative feelings (sad, lonely, and worried) before Sure Start to more positive feelings (happy, relieved, and interested) after attending services, it is apparent from the graph that a significantly larger proportion of users felt happier after attending their service and fewer reported feeling sad.

When asked how attending Sure Start services helped them only two respondents reported that it did not help them and only one user left this question blank. This means that 73 of the 75 respondents reported at least one positive impact of attending a Sure Start service. The table below shows how many ‘helps’ people reported in total; from this it can be seen that most respondents reported more than one ‘help’ for themselves. The average number of ‘helps’ per respondent is four.
Table 4: showing the number of ‘Helps’ given by respondents

<table>
<thead>
<tr>
<th>Number of ‘helps’ from attending a service</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
</tr>
</tbody>
</table>

Of the respondents that only reported one help to themselves, the following table shows the top choice of helps. The most popular ‘helps’ reported for this group were ‘being more prepared for school’ and ‘gaining new friends’.

Table 5: showing the ‘helps’ cited by respondents reporting only one ‘help’

<table>
<thead>
<tr>
<th>Help you (1)</th>
<th>Number of Responses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared for school</td>
<td>3</td>
<td>21.4</td>
</tr>
<tr>
<td>New friends</td>
<td>3</td>
<td>21.4</td>
</tr>
<tr>
<td>Supported</td>
<td>2</td>
<td>14.3</td>
</tr>
<tr>
<td>Play more</td>
<td>2</td>
<td>14.3</td>
</tr>
<tr>
<td>Involved</td>
<td>2</td>
<td>14.3</td>
</tr>
<tr>
<td>Breast-feeding</td>
<td>1</td>
<td>7.1</td>
</tr>
<tr>
<td>Practical skills</td>
<td>1</td>
<td>7.1</td>
</tr>
</tbody>
</table>

In total all 75 respondents identified 216 positive feelings about the assistance that attending Sure Start had given them; the following chart shows the distribution of those feelings. It can be seen that nearly 20% of respondents reported that attending Sure Start meant that they made new friends. The next group of positive feelings include being more involved, helping the child to learn and feeling more part of the community (10.0%,
9.6% and 9.6% of respondents respectively). Interestingly parents appear to identify feelings of inclusion more frequently than those of increased skills, increased feelings of self confidence/self esteem and support and also improved health.

![Figure 4: Graph Showing the Proportion of Respondents Reporting Positive Helps](image)

When asked how they felt attending Sure Start services had helped their child, again a majority of parents (94.6%) reported at least one positive outcome. Only three parents reported that they felt it did not help and one parent did not respond. In total 309 positive feelings/helps were recorded by parents, with an average of four helps per respondent.

The graph below (Figure 5) highlights that a large proportion of those parents reporting positive helps (over 60%) reported social integration outcomes such as more friends and being more sociable. 50.7% reported that they felt the Sure Start programmes gave their child more time for play and 42.5% of respondents felt that they learned more and were more ready for school. These feelings were mapped according to the ECM outcomes (see table below); looking at the top seven categories, i.e. those where more than 30% of respondents identified a positive impact, they fall into the two ECM categories, Enjoy and Achieve and Positive Contribution.
Table 6: showing how ‘helps’ were matched to ECM outcomes

<table>
<thead>
<tr>
<th>ECM outcome</th>
<th>Feeling/Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Healthy</td>
<td>Health has improved, eat more healthily, more self esteem, know what is healthy</td>
</tr>
<tr>
<td>Stay Safe</td>
<td>More safe, better supported, more protected, made new friends</td>
</tr>
<tr>
<td>Enjoy and Achieve</td>
<td>Ready for school, learn more, more time for play, behaviour improved</td>
</tr>
<tr>
<td>Positive Contribution</td>
<td>More sociable, more confident, reading improved, communication improved</td>
</tr>
</tbody>
</table>

Interestingly few parents reported that they felt attending services benefited their children with respect to being healthy (‘health improved’, ‘know what is healthy’, ‘eat healthy’) or to staying safe (‘safe’ and ‘protected’).

Figure 5: Graph Showing the Proportion of Respondents Reporting Positive Helps for their Children

5.2.4 Participation in Sure Start

When asked how often they have the chance for feedback, a large proportion of parents responded positively with over 50% saying ‘often’ (Table 7).

55 respondents gave a qualitative statement about how they give feedback at their services. These statements were categorised into six main methods of giving feedback.
Table 7: showing the number of respondents reporting how often they feel they are given the chance to give feedback on the service they attend

<table>
<thead>
<tr>
<th>Chance for feedback</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>35</td>
</tr>
<tr>
<td>Sometimes</td>
<td>22</td>
</tr>
<tr>
<td>Don't often</td>
<td>7</td>
</tr>
<tr>
<td>No chance</td>
<td>7</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 8 below, shows that a majority of parents still feedback to services informally with chats before, during and after sessions. Some parents identified more than one method of feedback (hence the table does not add to 55).

Table 8: showing the number of respondents reporting how they feed their views about the service back into Sure Start

<table>
<thead>
<tr>
<th>Method of feedback</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal chats/discussions/speaking to staff</td>
<td>35</td>
</tr>
<tr>
<td>Questionnaires</td>
<td>14</td>
</tr>
<tr>
<td>Suggestion box</td>
<td>3</td>
</tr>
<tr>
<td>Attending Parents forum</td>
<td>1</td>
</tr>
<tr>
<td>Attending other formal meeting</td>
<td>4</td>
</tr>
<tr>
<td>In writing (from the respondent independently)</td>
<td>1</td>
</tr>
</tbody>
</table>

When asked whether they felt that staff responded to feedback a similar proportion (50.7%) felt that they did (Table 9).

Table 9: showing the number of respondents reporting if staff take action from their feedback

<table>
<thead>
<tr>
<th>Do staff take action?</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>38</td>
</tr>
<tr>
<td>Sometimes</td>
<td>22</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>13</td>
</tr>
</tbody>
</table>
Only 25 respondents gave further qualitative explanation of how action was taken on feedback and these responses were highly varied. Of those that responded ‘yes’ to the previous question of whether they take action only 17 gave a detailed reply. In a few cases parents were able to identify clear areas where action had been taken, for example “if a concern is raised it is always dealt with”, “altered time to suit carer’s needs”, “they listen and change aspects of the service as needed”. However most parents responded more generally with comments on staff such as “helpful”, “supportive” and “reassuring” and “they are always interested in what mums have to say”. For those respondents that responded that ‘sometimes’ action was taken, seven respondents gave a more qualitative response. Two parents reported that “sometimes action is taken and sometimes it’s not”, while others reported a more positive response to feedback “they have a suggestion box and replies are always posted on a notice board”.

From this it is evident that few parents are engaging in a formal feedback process (please see section 4.4.6 for more detail on this). While many parents feel that they have the ability to give feedback and that it is acted on, few are able to give detailed examples of this. In addition it would appear that the lack of a more formal feedback structure means that it is unclear for parents as to which feedback comments services respond to.

5.2.5 Likes and Dislikes of Sessions

Parents were asked qualitative questions about the aspects of the services that they liked and disliked. From the qualitative list a range of likes/dislikes was established intuitively from the data.

Overall 71 parents gave a response as to what they liked about their services. From the table below it can be seen that the key ‘likes’ parents felt for their service were that it was friendly/approachable and the staff were easy to talk to. The liked the support that they obtained from staff and also the social aspects of the service for their children. Comments
included “Gives me fun with my child and also gives her social skills”; “The fun my child has with other children”.

**Table 10:** showing the categories of what parents liked about their service

<table>
<thead>
<tr>
<th>Topic</th>
<th>Specific like</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>General feelings about service</td>
<td>Informal/relaxed</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Lively/fun/happy/enjoyment</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td><strong>Friendly/approachable/ easy to talk to</strong></td>
<td><strong>14</strong></td>
</tr>
<tr>
<td></td>
<td>Helpful/informative</td>
<td>8</td>
</tr>
<tr>
<td>Activities</td>
<td>Equipment provision</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Selection of activities</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Children’s enjoyment of activities</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Trips out</td>
<td>1</td>
</tr>
<tr>
<td>Skills/Support</td>
<td>New skills for parents</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>New skills for children</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Support from staff</strong></td>
<td><strong>10</strong></td>
</tr>
<tr>
<td>Time</td>
<td>Time for children to play</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Time for parents and children</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Time for parents away from children</td>
<td>2</td>
</tr>
<tr>
<td>Staff</td>
<td>Knowledgeable staff</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Personal treatment from staff</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Staff generally</td>
<td>1</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>Social aspects for parents</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Social aspects for children</strong></td>
<td><strong>11</strong></td>
</tr>
<tr>
<td>Everything</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

Fewer parents gave a dislike of their service; only 42 respondents answered this question (Table 11). Categorisations of these dislikes show that a majority of parents who answered this question felt that they disliked nothing about their services. However of those that reported a dislike, most referred either to the time of sessions/need for more sessions and also the structure of sessions.

Overall this would indicate that parents are generally satisfied with their services.

When asked how they might improve their services 49 parents answered; 28 gave only one improvement, sixteen gave two improvements and five parents gave three improvements. Overall it can be seen that the two most popular choices for improvements is to run services more often and to alter
the timings, which reflects the major dislike of services identified above. In addition eleven parents in total identified that they would like more staff.

**Table 11: showing categorisation of parent dislikes of their service**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Specific Dislike</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Need for more sessions</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Not enough time to get to sessions</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Timing of sessions/too short/too few hours</td>
<td>4</td>
</tr>
<tr>
<td>Sessions</td>
<td>Structure of sessions/suitability for age</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Too many activities</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Physical situation of sessions not suitable</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Problems with staff/inconsistency of support</td>
<td>3</td>
</tr>
<tr>
<td>Other parents</td>
<td>Parent-parent conflict in sessions</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Parent –child control in sessions</td>
<td>1</td>
</tr>
<tr>
<td>Nothing</td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

Of those eight respondents that answered ‘other improvement’, six gave viable responses including: providing school holiday support for under four’s; staff listening to parents views; increasing the number of volunteers; good quality crèche staff; varying the structure of activities and increasing the volume of activities.

**Table 12: showing the number and type of improvements to Sure Start services selected by respondents**

<table>
<thead>
<tr>
<th>How to improve service</th>
<th>1 improvement</th>
<th>2 improvements</th>
<th>3 improvements</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>More often</td>
<td>8</td>
<td>12</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Different time</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>More staff</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>More resources</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>More info</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Different location</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>2</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

**5.2.6 Use of Services**

When asked about which services they attended 72 parents completed this section (three did not record any information). From this it was possible to identify that on average parents had heard about 15 different Sure Start
services, with the scope of knowledge about services ranging from 1-25. This indicates that those parents who use Sure Start services know about the services on offer even if they do not necessarily use them.

No parent recorded on the questionnaire that they had not heard about a service; this indicates a possible small source of error in that parents may have missed out some of the questions relating to services that they had not heard about. However for the purposes of this analysis an assumption has been made that if a service has not been recorded by a parent it is not known about.

From the data it is possible to ascertain the number of services that respondents attend as a proportion of those that they know about. On average respondents attend approximately half (51.3%) of the services that they have heard about. On average respondents attend approximately seven services and fifteen parents attended all the services they had heard about.

The graph below (Figure 6) gives the number of respondents who have attended or are attending each service; it can be seen that most popular services respondents have attended (over 30% of respondents) include the Pop Ins, Music Makers, Busy Bee’s, Health visitor Clinic, Messy play and the Toy library.
Respondents were asked to rate the service they had attended according to a small Lickert scale of ‘satisfied’, ‘neither satisfied nor dissatisfied’ and ‘dissatisfied’. Taking all 25 services into account the overall rating for service provision in SSHPW is given in the table below. It can be seen that 80% of respondents are overwhelmingly satisfied with the service that was provided. The range indicates that over 50% of respondents were satisfied with any one of the services that they attended.

**Table 13:** showing the overall satisfaction level of respondents to Sure Start services

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Average Proportion of Respondents (%)</th>
<th>Range of %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>80.4</td>
<td>100.0 – 50.0</td>
</tr>
<tr>
<td>Neither Satisfied or dissatisfied</td>
<td>15.4</td>
<td>50.0 – 4.2</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>4.2</td>
<td>18.8 – 0.0</td>
</tr>
</tbody>
</table>
Due to the small numbers of respondents attending some services, the detailed data for these services is not a reliable indicator of satisfaction.

Figure 7: Graph Showing the Satisfaction of Respondents for Five Services

However for services with more than 30 respondents attending, the above graph (Figure 7) shows the breakdown of satisfaction levels. This indicates the high levels of satisfaction that respondents have about the services they use. The questionnaire did not allow for any qualitative responses as to why respondents gave this rating, therefore it is not possible to identify any key reasons for dissatisfaction with a particular service.

When asked if there were any services that they do not use but would like to use 36 parents said ‘no’, 25 respondents said yes and 14 did not answer. The top two reasons given for non use of services included had not heard of it before and opening times. In addition eight people report other reasons for not attending; these included three parents who identified issues of timings and fitting it into work and other commitments. Two parents identified that their child was the wrong age (either too old or too young), one respondent that the session was full, one parent that they were waiting for the building to reopen and finally one parent identified that they did not feel comfortable attending the service as they felt that they were “made to feel like you had to have a problem to go there”.

Table 14: showing the reasons for non use of services that parents would like to attend
<table>
<thead>
<tr>
<th>Reason for Non Use</th>
<th>Number of Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare</td>
<td>1</td>
</tr>
<tr>
<td>Hadn’t heard of it</td>
<td>5</td>
</tr>
<tr>
<td>Location</td>
<td>1</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
</tr>
<tr>
<td>Opening times</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
<tr>
<td>Transport</td>
<td>0</td>
</tr>
<tr>
<td>Unaware could go</td>
<td>1</td>
</tr>
</tbody>
</table>

When asked if their friends accessed Sure Start services 43 parents responded ‘yes’; however given that many respondents identified that they had made friends while at the Sure Start it is likely that responses to this question includes these friends. Detailed analysis of the qualitative responses as to why friends do not access services highlights illustrates that many people have friends outside of the Sure Start area and/or children who are not under five.
Table 15: showing the reason for non attendance of respondents’ friends to Sure Start services

<table>
<thead>
<tr>
<th>Reason for non attendance</th>
<th>No of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live out of the area</td>
<td>12</td>
</tr>
<tr>
<td>Children not Sure Start age</td>
<td>6</td>
</tr>
<tr>
<td>Time/work commitments</td>
<td>4</td>
</tr>
<tr>
<td>Unwelcoming services</td>
<td>2</td>
</tr>
<tr>
<td>People not interested</td>
<td>3</td>
</tr>
<tr>
<td>Services not advertised</td>
<td>1</td>
</tr>
</tbody>
</table>

Parents were asked to identify if there were additional services that they would like to see provided by the Sure Start; only 18 respondents (24%) stated ‘yes’. A majority of parents did not know or did not respond (26 and 14 parents respectively). All 18 respondents made suggestions as to services they would like:

- Support group for isolated single parents
- More structured groups
- Childcare facilities for all – not just those attending courses (three parents)
- School holiday provision for older children to play with younger ones (two parents)
- Dentist/optician
- Sports activity, including an exercise class with a crèche (two parents)
- More Pop-ins in the mornings
- More staff on duty at Pop-ins
- Family services in the evening/after school
- Wider selection of courses and workshops (two parents)
- First aid course
- Working with police on issues such as road safety, recognition of police etc.
- Group for childminders
**Recommendations:**

- Ensure that parents are made aware and understand the formal evaluation processes in place for them to feed views back into services by explaining the processes during service activities.
- Run courses during different times and days when they are repeated in order to help make them available to more parents.

### 5.3 Consultation with non-users

As part of the brief for external evaluation, SSHPW expressed a desire to know why local families do not access the programme. The following section is a brief analysis of evidence gleaned from the eleven families who do not currently use Sure Start services, who were contacted before the activity was stopped due to problems with the monitoring data mentioned above. It is important to recognise the difficulty in reaching all non-users of Sure Start services in Harlow, as there may be families in the area who are unregistered with Sure Start and/or excluded from a range of services including Health Visitors or the SPRING Midwifery service.

All families consulted had an informed idea about what services were provided at the Sure Start centre. Nine out of the eleven parents interviewed had heard about the centre through their Health Visitor, another through Social Services and another through a friend. All parents interviewed had accessed Sure Start services previously, but all were not currently accessing them.

Eight parents had used the drop-in service, three had used the health visitor clinic, two had used Music Makers and one had used the toy library. Out of the eleven mothers interviewed, four had used the service for less than a month, three for one to three months and four for over three months.

Nine parents said that they were ‘satisfied’ or ‘very satisfied’ with the services at the centre; only two parents interviewed said that they were ‘dissatisfied’ with the services provided.
The table below shows the reasons that the eleven parents interviewed gave for not attending Sure Start services:

**Figure 8: non-users’ reasons for ceasing to attend Sure Start services**

<table>
<thead>
<tr>
<th>Reasons stopping parents from accessing services</th>
<th>Too busy with other commitments, such as college courses, pre-schools and family commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Did not feel welcome or included at the centre</td>
</tr>
<tr>
<td>3</td>
<td>Unable to get out of the house</td>
</tr>
<tr>
<td>1</td>
<td>Did not feel the need for the service</td>
</tr>
<tr>
<td>2</td>
<td>Times and days of activities were inconvenient</td>
</tr>
<tr>
<td>1</td>
<td>Mother at work</td>
</tr>
</tbody>
</table>

Parents expressed their reluctance to access the centre as the following:

"it’s cliquey there...they need a night for new mums, then I might come."

"I’ve just had a baby and I can’t get down there with two kids."

"The childcare is too informal; I have to work."

"The staff are too nosey – I don’t want to tell Social Services about my life."

Thus most of the reasons parents gave for no longer accessing Sure Start services were beyond the control of the programme: issues surrounding being too busy with other activities or work to be able to attend. Indeed, five parents interviewed remarked that there was nothing that Sure Start could do to help them access the centre.

However, the feeling of ‘not being welcome’ at the centre has also been picked up by some parents interviewed in the previous section and also through findings from the user questionnaire. Problems with the perception of Sure Start as a monitoring agency could also be putting some people off from attending. Possible suggestions obtained through the non-user
interviews to improve the way in which parents access Sure Start services included:

- Holding regular ‘new parents’ afternoons or evenings to make parents more confident about being able to come and meet other new mums (as highlighted in the section above)
- Having longer activity sessions to make it ‘worthwhile’ to leave the house
- Changing the times of the service activities by regularly rotating them or including some on weekends

Interestingly, staff at SSHPW have previously run sessions covering all three suggestions above, including rotating sessions, sessions for new mums and evening sessions. Evidence from parent interviews indicates that families were not aware of these sessions. This may be due to a variety of factors, including missing the advertising, or being new to Sure Start. The process for organising and delivering (including advertising) these types of sessions needs to be reviewed by the programme team to ensure that as many parents as possible are aware of and are able to attend sessions.

Six parents consulted said that their friends and neighbours used Sure Start services; the other parents said that they did not know anyone with children eligible to use the centre, as they were either too old, did not live in the right area or all their friends did not have any children at all. Again these findings are supported by responses to the user questionnaire.

Six single parents were interviewed; two were from ethnic minorities, six were unemployed and five parents had incomes under 5k. All were mothers; six had one child and the remaining parents had between two and six children.

Due to the small sample size of the non-user analysis, it is not possible to draw any meaningful conclusions from the data. Recommendations to improve the management of monitoring data is given in the section above.
5.4 The Parents’ Forum

The Parents’ Forum consists of a voluntary group of parents who access Sure Start services. Current membership of the parents’ forum is informal and meetings have been sporadic, according to the attending parents. Four parents were asked about their experiences of being on the forum during informal discussion at co-evaluation activities (described in the section below), and the Forum was discussed during interviews with the Operations Manager, and a Sure Start Worker who has recently taken over responsibility for the co-ordination of the group.

The role of the Parents’ Forum is to discuss and make recommendations on the running of the programme, such as making changes to services, and helping plan new services. The current Parents’ Forum has worked on arranging trips to the seaside and organising the Christmas party by booking coaches and venues. Parents have also been involved in meeting informally with the Operations Manager and sales representatives to talk about what they would like to see in the soft room of the new building. Recent achievements of the Parents’ Forum, according to the Operations Manager, have been:

- In the latest round of the Sure Start service timetable, parents wanted an activity to run later in the day, and on a day when staff were tied up in other things; so staff put on an ‘Active Kids’ activity
- In response to parents’ interest, a course in Childcare designed to train crèche workers was opened up to all parents. Group information sessions were held with interested people and a tutor and funding was secured. Twenty parents began the course and over ten parents completed it; all parents who finished now have a nationally recognised qualification.

However, current parents on the forum have not received any training, according to all four parents interviewed. Lack of capacity to support parents, according to the Operations Manager, has meant that the forum has not been operating effectively; there have been no parents moving from the forum to sitting on the board, as has happened in previous years.
Internal politics and personality issues, highlighted by both the Operations Manager and three parents interviewed, have also stopped parents on the forum from working together effectively to co-ordinate meetings, take minutes and take action from discussions.

The following problems were noted in discussions with parents during co-evaluation activities:

- Members have decided not to have chair or vice chairperson as they did not like the idea of someone leading over others. This has meant that the forum has lost direction
- Feelings of guilt that if a parent could not commit to all sessions and activities organised by the Parents Forum that they were not doing a good job and were therefore not worth as much
- Problems with childcare: hard to all meet regularly at a time and place convenient to all (three out of the four parents taking part had three children)
- Current lack of satisfaction in being on the parents’ forum; parents do not feel that they are creating or organising anything tangible, except for the Christmas party. Feeling that they need a new goal and focus, and that they require official training

Evidence in an interview with the Operations Manager has also pointed to a shift in relationship between service providers and parents, as issues around confidentiality has meant that parents are no longer able to access the working space of the team. Being unable to enter the staff office, and an increase in the workload of service staff, has led to parents feeling that staff are no longer accessible, a sentiment highlighted in informal discussion with parents on the forum.

A Sure Start worker has been working with the Parents’ Forum since July 2004 to help resolve some of these issues. The Operations Manager commented that “most places that have had success [with Parents’ Forums] have had a dedicated parental involvement worker - that's what we need.” The role was developed in response to the lack of co-ordination amongst parents, in order to support them in developing ideas about what
they would like to see at the centre in order to help SSHPW meet the needs of the community more closely.

The Sure Start worker is hoping to overcome some of the current problems by:

- Introducing the idea of having a rolling chair, vice chair and treasurer. This will help parents and staff to know who to contact according to the parent undertaking each role, and will also enable all parents to have the opportunity to lead the group.
- Changing the name to reflect the new nature of the group and to present the forum more ‘informally’ to make it more attractive and accessible to interested parents.
- Setting regular dates for meetings in advance.
- Mediating between the Parents’ Forum and the service staff to overcome personality issues.
- Offer formal training to members of the forum on topics such as effective leadership, as requested, to enhance parents’ ability to contribute to the forum.
- Support parents to contribute to the partnership board.

Evidence indicates that the forum has not been operating at maximum efficiency. The forum has met to discuss and organise parties and some new activities, but success is sporadic. Personality issues, combined with a lack of training and poor co-ordination of activity due to the lack of an official chair, has meant that parents have not been contributing effectively to issues arising from services delivered by the programme.

**Recommendations:**

- SSHPW should ensure that the dedicated co-ordinator of the Parents Forum has the time, capacity and support available to work with parents to overcome problems surrounding the forum.
- Formal training for parents should be sought and implemented as soon as possible, to support them to eventually sit on the partnership board (see section 3.3.6 above).
Parents’ Forum activities should be more widely publicised across the centre to build the confidence of members of the forum in what they are contributing to the programme, and to make more parents aware of the forum to encourage them to attend and share their ideas (see section 4.4.6 above).

5.5 The co-evaluation process

5.5.1 Introduction

Parents from the Parents’ Forum were invited to take part in a ‘co-evaluation’ activity, which is outlined in Section 2.6. The activity was designed to involve parents in the evaluation process; to train them in evaluation methods and to support them in interviewing other parents at the centre in order to understand what impact the programme is having on local children and families.

An initial lack of interest in the co-evaluation programme pushed back the training from May to July, and a total of four parents came forward to take part. Subsequently one parent was unable to attend the full interview session and the final number of co-evaluator parents recruited was three.

Two two-hour workshops were conducted to train parents in evaluation methods, occurring over two consecutive weeks. A crèche was provided for the parents at the centre to help them attend the training. Training packs, giving more detailed information on qualitative research methods, probability and non-probability sampling, basic statistics, writing reports and referencing, were given to all attendees for reference and further information during the training.

The overall aims of the evaluation training were to help parents to gain:

1. An understanding of the evaluation process
2. Knowledge about different research methods and how to plan research
3. The ability to conduct and present research
4. Confidence in interviewing skills
5.5.2 Workshop One

The first workshop was entitled ‘Planning Research’ and covered the following:

- Introduction to evaluation within the research field
- Forming research aims and objectives
- Research design (sequential and cyclical; action research)
- Research methods (quantitative and qualitative)

The first workshop required parents to complete two exercises:

(i) Exercise One:

Parents were asked to design their own questions about what they would like to ask other parents about their experience of Sure Start in Harlow. They brainstormed what they thought were the benefits of Sure Start Harlow:

- The opportunity to have a break from home
- The chance to stimulate children by a new environment
- Children being able to make new friends
- Being given new ideas on how to play and interact with children
- Access to a garden in which children could play

Then they thought about what was missing at Sure Start Harlow:

- Not enough parent-focused activities, accompanied by a feeling that service providers “did not see the parent behind the child”.
- The presence of Sure Start workers around the centre had dropped recently, with more workers being committed to outreach activities. This has meant that people may not continue to come to the centre as staff change so frequently and are not always around to talk to the parents and make them feel comfortable in the centre. A buddy scheme
could perhaps be established to encourage parents to stay at the centre when they come for the first time.

- Courses are repeated but at the same times and days; running a course a second time on different days and times would allow more parents and children to access them.

- There is not enough support to allow parents to have a break if they have an older and younger child, as the centre cannot care for both simultaneously. Would like to have care available for older children at the centre during school holidays to allow the whole family to come along to the centre.

- There is a perception that Sure Start Harlow is only for single parents.

There was great concern that the results of the co-evaluation would not be used to make changes at the centre. Parents thought that people needed to be made aware that they could have an influence on service delivery at the centre. This links strongly with the wider discussion of the roles and workings of the Parents Forum (please see section 5.4 above).

Parents used this exercise to inform the design of the questions that they thought were important to ask other parents at Sure Start Harlow. Please see Appendix 2 for a list of the questions that parents wanted to ask other service users about their experience of Sure Start Harlow.

Parents thought it was very important that the service users they were interviewing were made to feel comfortable enough to answer their questions honestly. There was awareness that parents often answer evaluation activities by what they think the Sure Start staff wanted to hear (the ‘social desirability effect’). Consequently, they felt that the following messages should be expressed to the interviewees at the beginning so that they would feel confident in answering the questions honestly:

- That the interview was confidential
- That names would not be recorded and the information will be presented anonymously
- That the information they give will be used to help to make changes
(ii) Exercise Two:

In the second exercise, parents were given the option of conducting three different types of interviews. These were:

- Focus Groups
- Telephone Interviews
- One-to-One Interviews

Parents decided on Option 3 (one-to-one interviews). They felt that this would be the most appropriate method to help parents feel at ease and feel that they could be honest in answering questions without the fear of repercussions.

Focus groups were ruled out because of the logistical problems of bringing a group of parents together at a time convenient to all of them, when they all have different commitments to older children and other family duties.

Telephone interviews were also quickly ruled out because parents felt that users were unlikely to engage with the interviewer over the telephone, for the following reasons:

- Parents do not like to be bothered at home
- Parents may be distracted by their family and so may not be able to give their full attention to the interview
- It is hard to build rapport when on the phone
- Parents may not want to spend so much time on the interview as it may be deemed an unwelcome distraction

Finally, using the video-diary room was ruled out by the parents because they themselves would not like to be interviewed on video and felt that this may make other parents uncomfortable. Therefore it was decided that we would give parents a choice as to be interviewed on camera or one-to-one, and that a member of Opportunity Links would conduct interviews using the video diary room.
During the first workshop, parents were able to decide which questions they wanted to ask other users in the evaluation, and what type of interview they wanted to use. This method ensured that parents were actively participating in the evaluation process, and recognised their status as being their own experts when it comes to deciding what is important to parents at SSHPW, and therefore what aspects of the programme should be assessed, and what the most appropriate method of assessment was.

5.5.3 Workshop Two

The second workshop was based upon ‘conducting research’, and covered the following:

- Practical and ethical considerations in research
- Probability and non-probability sampling methods
- Analysing qualitative data by coding
- Writing and presenting research

The second workshop required the parents to conduct two other exercises:

(iii) Exercise Three

This exercise required parents to decide which users they wanted to ask to take part in the evaluation, taking into consideration the ethical and practical issues surrounding each sampling method, and the reliability of the results.

Parents decided that it would be most convenient and inclusive to ask everyone who attends the service to take part in the interviews. Furthermore, considering low turn-outs in the summer holiday, this would make the most of an already small sample of parents.

Parents expressed concern that we would only be reaching those people who attend the service regularly and are therefore probably fairly happy with the service, and would not be reaching those who only attend once in a while. The practical implications of trying to contact these sporadic users
by conducting interviews over a longer time frame were too great however, in terms of time and cost, to meet so the limitation was accepted.

Parents thought that providing cakes and biscuits could act as an incentive to stay at the service so that we could interview them. Cakes were therefore provided at Music Makers, Drop-ins and Story Sacks. This worked effectively as a simple way of capturing the interest of more parents to take part in the interviews.

During this stage we also did a role-play to check that the questions were appropriate to ask during an interview, and adapted the interview questionnaire accordingly.

**(iv) Exercise Four**

Parents were asked to brainstorm who they thought the results of the evaluation should be for, and then how they would present the results of the co-evaluation to other parents and stakeholders at SSHPW.

Parents decided that a report would be too formal, and that nobody would read it. Likewise, posters were often passed by, since they were often swamped by all the other information covering the walls of the centre. Parents did not want to do a video because they themselves did not want to do any videoing using the equipment, so a leaflet was decided as the best option. This could present the findings of the co-evaluation process in a short, easily-digestible way that could be easily disseminated to all who were interested in the results of the evaluation.

**5.5.4 Evaluation of Co-evaluator Training**

All parents taking part in the co-evaluator process were given evaluation forms to assess the training. In terms of what the training set out to achieve, the workshops were deemed to be effective, according to the evaluation results. Parents gave an average of eight out of ten to the question of whether objectives of the workshops were met, and all three parents wrote that they were more confident in interviewing people using
skills they had gained at the training. Interviewing techniques were seen as the ‘most useful’ skill learned at the workshops, and workshop methods were deemed ‘very good’ to ‘excellent’.

Parents commented on the good opportunity that talking with Opportunity Links, an independent and objective body, provided. They felt more able to express their views and had greater hope that their wishes could be realised.

However, parents expected more training on practical interview skills, with less focus on learning about general research through presentations. Two out of the three parents mentioned that they would have liked to have spent more time on how to interview people, and audio visual aids were classed mainly as ‘acceptable’. It also emerged during informal discussion that parents thought the questionnaires designed for service users given out earlier in the year were poorly designed.

5.5.5 Co-evaluator Interviewing

Unfortunately, despite attendance at co-evaluator training sessions and discussion over convenient times and dates for interviewing, parents did not turn-up to interview the services selected for detailed evaluation. The most likely reasons for lack of attendance were:

- Alternative commitments with childcare over the summer holidays
- Lack of confidence in interviewing other parents
- Lack of a group structure among members of the forum (described above), reducing confidence among parents that other members of the co-evaluation team will also attend interviewing sessions

The questions parents developed during the training sessions were, however, still used during interviews.

During the second phase of the evaluation, co-evaluation activities should be planned to avoid these problems. Recommendations on how these activities should be delivered are as follows:
**In the second phase of the evaluation:**

- Co-evaluation activities should occur earlier in the year to avoid problems of attendance during school holidays.
- Involve parents in the design of questionnaires to check that questions are relevant.
- Ask parents during the initial recruiting phase of the co-evaluation process about their training needs.
- Include more practical training around interviewing and less presentations.

### 5.6 Overall Conclusions

The evidence discussed in Section 5 has shown that SSHPW has had a positive impact on the Sure Start community in Harlow. The programme is reaching some hard-to-reach groups, including lone parents and BME communities, and is making positive impacts on parents over a considerable period. The majority of parents responding to the user questionnaires have been attending services for more than one year and have used seven services on average. The programme is making an impact on both parent and child: over 90% of respondents reported at least one positive outcome from attending a Sure Start service, for both themselves and for their children.

Evidence from questionnaires and from discussion with parents during the co-evaluation process have highlighted the importance of Sure Start services in providing opportunities for parents and children to make new friends. This element of social integration was reported more frequently than any other outcome, including opportunities to get out of the house, meet people and to talk to staff who are supportive and helpful. These positive outcomes from services reported by parents relate to the ECM outcomes ‘Enjoy and Achieve’ and ‘Make a Positive Contribution.’

Despite the fact that over half of services delivered by the programme are working towards meeting outcomes surrounding health, few parents reported health benefits from Sure Start services, for either themselves or their child. Few parents also mentioned improvements around helping
them and their family to ‘Stay Safe’. Some parents mentioned that talking to the police at the centre and running a first aid course in-house could help them. This links with evidence discussed in Section Four around fewer services concentrating on ‘personal safety.’ This is also interesting in light of the proportion of services that identified with delivering to meet certain ECM outcomes (see 4.4.3 p109) and illustrates the difficulty in measuring and evidencing the impact of certain ECM outcomes.

Where parents have offered feedback on what they believe needs to be improved at SSHPW, the responses have mainly surrounded increasing the number of times the service is offered, changing the time it is offered, or having more staff at the service. These suggestions were collected across three evaluation methods: via questionnaires, discussion with the Parents’ Forum and interviews with non-users. Supporting newcomers to access services by inviting them to dedicated ‘new parents’ afternoons’ was suggested by non-users, an idea also put forward in parent interviews in the previous section.

Finally, evidence across this section has pointed to problems in the participation of parents at SSHPW. There are issues at all levels of participation, from feedback during service sessions to representation on the board. Over 50% of parents responded in questionnaires that they regularly had the chance to express their views on what they think about the service to the service provider, but of these parents the majority did so by informal feedback only. Lack of formal evaluation procedures has been highlighted in the previous section.

Discussion with the Parents Forum pointed out that many parents were not aware of the Parents Forum and need to be made aware of the avenues they can take to feed ideas into the programme by wider publication of the Forum and formal feedback processes. In terms of the Forum itself, the lack of parent representation on the board highlighted in Section 3 has been explained with reference to the organisation of parents on the forum. Problems in the organisation of the forum included a lack of training, lack of a dedicated participation worker and personality issues creating
problems on an operational level. SSHPW is aware of the issues and is working towards overcoming them, needing dedicated support from the strategic body, as recommended in Section 3.

5.7 Recommendations

The following recommendations have arisen from the service user evaluation:

SSHPW should:

- Look to develop a participation strategy to ensure commitment to participation activity. This strategy should include at least the following key areas:
- SSHPW needs to ensure there is a formal feedback process on Sure Start activities, and that this is communicated and understood by parents and users.
- The dedicated co-ordinator of the Parents’ Forum should be provided with training and support as necessary in order to build capacity and work with parents to overcome problems in the forum.
- Parents on the forum should be consulted as to their training requirements and a series of training events run as soon as possible. This training series should be integrated into the participation strategy or form a comprehensive part of participating on the forum, i.e. maintained, reviewed and developed as necessary.
- The work, benefits and outcomes of the Parents’ Forum needs to be publicised more widely in the centre and through Sure Start services.
- If a participation strategy is not developed, SSHPW should consider and address the areas above individually.
- Examine the possibility of running repeated popular courses at different times and days to ensure that they are capturing as many parents as possible and allowing greater flexibility of attendance.
6 CONCLUSIONS AND RECOMMENDATIONS

The aim of the evaluation was to critically assess the performance of the programme in terms of the internal processes used to deliver the programme at both operational and strategic level, and the impact of the programme on local children and families. The processes of partnership working and participation, and the preventative impact of services on parents and children, in ECM outcome areas, were examined in particular. The evaluation used a variety of research methods, including questionnaires, interviews and observations of service activities.

Generally, the evidence indicates that the programme is succeeding in making a positive impact on the parents and children who access services at SSHPW, with a few gaps in service delivery. Partnership working is mainly effective on an operational level, but internal processes, especially surrounding participation and monitoring, need refining across both strategic and operational levels.

Overall Impact

At the strategic level, evidence indicates that the strategic impact of the partnership board has been positive. The board has successfully worked with partner agencies to help design and build the new children’s centre that opened in September 2005, involving extensive consultation with the local community and effective partnership working. The board has made a positive step towards the transition of the programme into a children’s centre by merging with the CCEG. Reaching hard-to-reach groups has been a focus of SSHPW strategy, and monitoring information has shown that BME communities and travellers have been successfully included in the programme. Links with external agencies such as the Police and Mental Health need to be developed however to maximise this reach.

At the service provider level, evidence from the evaluation has shown that the impact of services upon service users has also been positive. Parents
have overwhelmingly reported positive outcomes for themselves and their children, over all ECM outcome areas, but mainly surrounding social integration and inclusion. These form part of the ECM outcomes ‘Enjoy and Achieve’ and ‘Make a Positive Contribution.’ Sure Start staff are widely embraced as supportive and helpful, with many services working together to provide services for families, making inter-agency referrals and meeting regularly to share ideas and information. There are services at SSHPW working across all levels of prevention, with good examples of support for families to prevent them reaching crisis.

Service providers are working towards meeting ECM outcomes informally, with many services meeting three to four ECM outcomes each. Evidence gathered at the service user level has shown that parents have reported few outcomes surrounding ‘Be Healthy’ and ‘Stay Safe’, despite nearly half of services reporting that they are working towards delivering positive outcomes in these areas. Service providers therefore need to be aware of how they are impacting in these ECM outcome areas to ensure that the services they are delivering are having the anticipated impact.

**Overall Process**

Working processes to deliver the programme across both strategic and operational levels are in place, but are in need of review. On the partnership board level, internal challenges have remained despite the board’s restructure; poor attendance and representation at meetings and a breakdown of the sub-group structure threaten effective partnership working at the strategic level. Understanding of the ECM agenda, including how services are working towards meeting ECM outcomes, is divided across both board members and service providers. The ECM framework needs to be embedded in the SSHPW programme as it makes its transition to children’s centre status.

Evidence has shown that parents are involved in informal feedback processes offered by most services delivered by the programme, but there are issues at all levels of participation. Initial success in involving parents
in strategic decisions and the delivery of services has given way to a breakdown in the Parents’ Forum and a complete lack of parental involvement on the board. This is primarily due to lack of formal training of the current parents’ forum and only a recent instatement of a dedicated participation worker. Monitoring processes are also problematic, uncovered at all levels of evaluation from strategic to non-user analysis. Formal monitoring procedures need to be reviewed and verified for accuracy, in order to ensure that the monitoring information reported to the board, upon which strategic decisions are made, is reliable.

Overall, board members who regularly attend partnership board meetings have worked together effectively to realise the successful development of the new children’s centre, opening in September 2005. Service providers have demonstrated, with a wealth of examples, that they are delivering services that are having positive impacts on the children and families in the Sure Start area. Service users, with sufficient support, have reported diverse and numerous improvements that they have made to their lives and the lives of their children. Evidence has indicated that SSHPW is the “dynamic, integrated and highly valued package of services” reported by the Chair of the Board,\(^{33}\) with significant opportunities for progression in the new children’s centre, which has been embraced by board members, service providers and service users alike.

**Overall Recommendations - SSHPW should:**

**Aims and Objectives/Prevention**

- Establish a system for the partnership board to review aims and objectives annually to reflect policy changes in the sector and bring all members up to speed.
- Review understanding of the Every Child Matters agenda among board members and service providers.

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\(^{33}\) Sure Start Harlow (2004) *Annual Report*
Structure
- Review the structure of the board in the merge with the CCDG to improve the sub-group structure, possibly by electing ‘champions’ or key leads for each sub-group.
- If appropriate, create an Operations Group to oversee the operations side of the programme and feed operational issues more effectively into the board.

Communications/Partnership Working
- Create a formal induction process to welcome and introduce new members to the board, ensuring timely overlap of substitution.
- Develop communication channels between board members, sub-groups and deputies further to ensure that all involved understand commitments and actions expected of board and sub-group members.
- Partner agencies to ensure that they attend meetings at the very least every other month.
- Develop links with the police to promote personal safety.
- Create links with Mental Health to support services broaching mental health issues.
- Renew links with Jobcentre Plus in the new children’s centre.
- Ensure that SLT services provided by Sure Start are being utilised effectively.

Service Monitoring
- Review the current monitoring process and formulate formal monitoring procedures for all service providers.
- Communicate monitoring procedures and guidelines to all providers, with regular feedback on how monitoring systems are working in services.
- Provide regular feedback to all service providers on monitoring information so that they can review their services in light of these figures.

Participation/Evaluation
- Improve BME representation on the board.
- Enhance strategic commitment to the principle of participation of service users, by looking to develop a participation strategy. This should include:
  - A formal feedback process on Sure Start activities, communicated and understood by parents and users.
  - Providing the dedicated co-ordinator of the Parents’ Forum with training and support as necessary in order to build capacity.
  - Consult with parents on the forum as to their training requirements and a series of training events run as soon as possible.
  - Publicise the work, benefits and outcomes of the Parents’ Forum more widely in the centre.
  - Ensure that parents are involved in the planning of future services.
  - Research ways of including children in the evaluation of services.

Service Reach
- Identify key language barriers and source local interpreters for Health Visitors.
- Research opportunities to make links in the wider community, such as with Black and Ethnic Minorities, to bring in-house services to more people.
- Ensure that services have access to a Pre-school Teacher, replicating the consultancy model used with SLT if recruitment issues continue.
- Establish regular ‘newcomer’ sessions for new parents to attend the centre for the first time, building their confidence to access regular SSHPW services.
- Examine the possibility of running repeated popular courses at different times and days to ensure that they are capturing as many parents as possible and allowing greater flexibility of attendance.
- Research possibilities of advertising services on appropriate websites.
Appendix 1: Principles for the Selection of Services

(i) Selection Principles

These tables outline the spread of services according to the selection principles, which are: service type, service funding allocation and ECM outcome area.* In each table, the number of services that correspond to each principle is listed for the total** number of services within Sure Start Harlow and for the selected services, to enable easy comparison between the two in order to check for consistency. This should enable the selection of representative services to be in proportion with the total number of services in Sure Start Harlow.

Table 1: Showing Service Type

<table>
<thead>
<tr>
<th>Structure</th>
<th>Total</th>
<th>Selected Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach Service</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Parent’s Course</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Children’s Course</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Drop-in Service</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

- Shows the type of services in Sure Start Harlow according to whether they are a children’s or parent’s course, drop-in service, or outreach service.
- The second two columns show how many out of the total services, and the six services selected for detailed evaluation, are from each service type.
- This demonstrates that the selection is in a similar proportion when compared to the type of services within the whole programme.

Table 2: Showing Funding Band

<table>
<thead>
<tr>
<th>Funding</th>
<th>Total</th>
<th>Selected Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large £50+</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Medium £20,000 – 50,000</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Small 0 - £20,000</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>

- Shows the amount of funding allocated to all services in Sure Start Harlow, according to the three funding bands as shown in the first column.
- The definition of the other columns is as per Table 1 one above.
- Unfortunately, we could not get a funding breakdown for all the services.
Table 3: Showing ECM Outcomes

<table>
<thead>
<tr>
<th>ECM Outcome Area</th>
<th>Total</th>
<th>Selected Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Be Healthy</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>2. Stay Safe</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>3. Enjoy and achieve</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>4. Make a positive contribution</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>5. Achieve economic well-being</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

- This Table shows the number of services that correspond to the five *Every Child Matters* outcomes as outlined in the Government’s Green Paper.
- The definition of the other columns is as per Table 1 one above.

Notes

* The *Outcome Areas* have been defined in the Government’s Green Paper *Every Child Matters*.
** ‘Total’ refers to the sixteen services that we have identified as suitable for evaluation in general; these do not include the services delivered by Sure Start Harlow’s partners, ie:
  - Grandparent & Toddler Group
  - Jobcentre Plus
  - Traveller Education
We have not included these in our general evaluation as they are not directly funded by Sure Start Harlow.

(ii) Services Selected for Detailed Evaluation

Table 4: showing the characteristics of services selected for detailed evaluation

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Type</th>
<th>ECM Outcomes</th>
<th>Spend (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Busy Bees &amp; Bouncy Bears</td>
<td>Children’s Course</td>
<td>One, Two, Three Four</td>
<td>Unknown</td>
</tr>
<tr>
<td>2. Health Visitors’ Clinic</td>
<td>Outreach Service</td>
<td>One, Two, Three, Four</td>
<td>56,700</td>
</tr>
<tr>
<td>3. Homestart</td>
<td>Outreach Service</td>
<td>One, Two, Three, Four</td>
<td>28,364</td>
</tr>
<tr>
<td>4. Pop-ins</td>
<td>Drop-in</td>
<td>One, Two, Three, Four</td>
<td>Unknown</td>
</tr>
<tr>
<td>5. Story Sacks</td>
<td>Parent’s Course</td>
<td>Three, Four, Five</td>
<td>13,250</td>
</tr>
</tbody>
</table>
(iii) Services Not Selected for Detailed Evaluation

Table 5: showing reasons for not selecting the remaining 10 services for detailed evaluation.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Type</th>
<th>ECM Outcomes</th>
<th>Spend (£)(^4)</th>
<th>Reasons for Rejection</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Certificate in Pre-School Practice</td>
<td>Parent’s Course</td>
<td>Three, Four, Five</td>
<td>Unknown</td>
<td>A similar course for parents has already been identified for detailed evaluation.</td>
</tr>
<tr>
<td>7. Cornerstone Training</td>
<td>Parent’s Course</td>
<td>Five</td>
<td>Unknown</td>
<td>This service has already undergone extensive evaluation; a detailed evaluation would replicate this work.</td>
</tr>
<tr>
<td>8. STEP Course</td>
<td>Parent’s Course</td>
<td>One, Two, Three, Four, Five</td>
<td>Unknown</td>
<td>A similar course for parents has already been identified for detailed evaluation.</td>
</tr>
<tr>
<td>9. Children’s Occupational Therapy</td>
<td>Outreach Service</td>
<td>One, Two, Three</td>
<td>28,700</td>
<td>The occupational therapist also runs the ‘Busy Bees’ and ‘Bouncy Bears’ groups, which have already been identified for evaluation.</td>
</tr>
<tr>
<td>10. SPRING Midwifery</td>
<td>Outreach Service</td>
<td>One</td>
<td>82,700</td>
<td>Despite the large spend on the programme, which makes this service a likely candidate for detailed evaluation, this programme has already undergone extensive evaluation fairly recently.</td>
</tr>
<tr>
<td>11. Kingsmoor House Pre-School</td>
<td>Outreach Service</td>
<td>Three, Five</td>
<td>23,772</td>
<td>This service may cease to exist after 2006; since its future is uncertain, it is not a priority for detailed evaluation as the findings will not be able to be put back into its future development.</td>
</tr>
<tr>
<td>12. Speech &amp; Language Therapy</td>
<td>Outreach Service</td>
<td>Three</td>
<td>5,000</td>
<td>A small spend and the fact that this service may soon be delivered in-house means that it is not a priority for detailed evaluation.</td>
</tr>
<tr>
<td>13. Women’s Aid</td>
<td>Outreach Service</td>
<td>Two</td>
<td>28,314</td>
<td>The sensitive nature of this service makes it difficult to evaluate in more depth, as the process may be too intrusive.</td>
</tr>
<tr>
<td>14. Music Makers</td>
<td>Children’s Course</td>
<td>One, Three, Four</td>
<td>Unknown</td>
<td>Two children’s courses have already been identified for detailed evaluation.</td>
</tr>
<tr>
<td>15. Fun with Ones &amp; Twos</td>
<td>Children’s Course</td>
<td>Three, Four</td>
<td>Unknown</td>
<td>This service is fairly new and is still developing its practices; it would therefore be more useful to evaluate it in more detail next year.</td>
</tr>
<tr>
<td>16. Young Parents’ Support Group</td>
<td>Drop-in</td>
<td>One, Two, Three, Four</td>
<td>Unknown</td>
<td>A drop-in service has already been identified for detailed evaluation.</td>
</tr>
</tbody>
</table>
Appendix 2: Script for Interviews with Parents at Sure Start

- **Thank you** for agreeing to take part
- This interview is **confidential**
- Names will not be recorded and information will be presented **anonymously**
- The information that you give will be used to help to **make changes** to activities and services at the centre

**About the service activities**
- What activities at the centre do you attend?
- Are the times of the activities convenient to you? If not, what times would be more convenient?
- Which activities do you like the best? Which activities do the children most enjoy?
- Has coming to Sure Start activities made any difference to you and your family? If yes, what has that difference been?
- Are there any activities that you haven’t enjoyed? If so, which activities and why?
- Is there anything stopping you from attending any of the services at Sure Start? If yes, what is stopping you?
- Are there any services that you used to use and don’t use now? If so, why?
- Are you happy with the content and variety of the activities? If no, do you have any ideas how activities could be improved?
- Would you like to see any other activities at the centre? If so, what are they?

**About the centre**
- How do you find the staff at the centre? How helpful are they?
- Are you always able to talk to a member of staff when you come to the centre?
- What do you want to get out of the Sure Start centre?
- What do you think of the equipment at the centre – toys, books, furniture etc?
- What do you think of the crèche? Does your child/children enjoy coming to the crèche?
- Do you have more than one child under 5? If so, are you able to look after them both easily whilst at the centre?
- Do you have enough information about facilities at the centre, for example the crèche, activities and staff?

**About helping to make decisions**
- Have you heard about the parent’s forum?
- Have you ever thought about joining the parent’s forum? If yes, what has stopped you?
- Do you feel that in talking to service providers and parents on the forum that you can make a difference to the centre and the way it operates? If not, why not?
- Would you like to see the evaluation findings?