

**Sure Start Manningham  
Local Evaluation**

**An investigation into the effectiveness  
of Manningham Information Van**

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## **BACKGROUND:**

Manningham Sure Start is a 5th wave Sure Start Programme located in one of Bradford's most disadvantaged areas. The majority of the population resident in the area are of South Asian ethnic origin, principally Pakistani, with a smaller proportion of Bangladeshi and Indian communities. Many are second and third generation migrants, although there are still a significant number of young people taking marriage partners from South Asia. There is a small, scattered Afro-Caribbean population and also a small number of asylum seekers. Approximately 40% of residents are under twenty years of age, with high levels of unemployment among the 16-19 year olds. Overcrowding is common (14%) while the majority of households do not own a car. The crime rate is the highest in the district and has suffered two waves of riots in 1995 and 2000.

Prior to introduction of Sure Start in 2002 a community consultation process was conducted by Manningham Teachers' Consortium in order to inform the Delivery Plan<sup>[1]</sup>. It was recognised that there was a need to improve access to existing services. 69% of the local community were described as of Pakistani origin, with two thirds of the population speaking Punjabi or Urdu at home. 80% of the population did not appear to travel outside the area for any support services and 60% stated that they would prefer local help and information. Some of the local needs identified by the consultation process included:

- More interpreters and workers with language skills to address the language barrier
- A community bus for toys and books
- The need to provide information to the local community regarding planned services, as parents were unaware of all that is available locally and they suffer from apprehension or lack of understanding
- The need to develop a toy library
- The need to engage with and empower parents and 'hard to reach groups' (defined as small ethnic groups, women in refuges, asylum seekers) through schools and other agencies.

The strategy proposed through the consultation process and Delivery Plan emphasised the need for working in partnership with community and voluntary organisations, health staff and family centres, with a strong Sure Start outreach

programme. The vision included involving the community in planning and encouraging people to share ideas and decision making about Sure Start services.

As part of this plan, an information service was planned and a budget of £25K allocated for a multi-purpose delivery and Information Van. The initial aim of this service included weekly deliveries for the Toy Library and home safety equipment and for sessional mobile crèche equipment. The Information Van was also to stock children's books and toys and be a fair-weather venue for story telling and street entertainment. In addition, it was to promote Sure Start activities across the area and reach out to involve more isolated families.

The information van was introduced to Manningham residents in late 2003 and initially was in the form of a few *ad hoc* sessions entitled 'Bag of Fun' events. The formal service which started in the January of 2004 lasted only for three months. From April to October 2004 the service has not been operational and with the appointment of a new van operator the service is hoped to be resumed shortly.

Since a considerable allocation of capital went into this service and the local PCT would like it to be mainstreamed, the Interim Manager (IB) was keen to see it resumed. In order to inform this process, it was deemed important to see what challenges had been encountered in the past, what positive lessons could be learnt and how continuous appraisal and improvement would be built in to enhance the quality of the service being planned. It is against this background that the Local Evaluation Team sought to assess how well the Manningham Information Van had been achieving the aims stated in the Delivery Plan in respect of its role in the promotion of Sure Start and the signposting of services.

### **What is Evaluation?**

Evaluation is a tool that is essential to inform and strengthen programmes<sup>[2]</sup>. Evaluation is not about the "success" or failure" of a programme, but is a means to provide information to determine if a programme is effective and to aid identification of opportunities for improvement. Evaluation also provides evidence to ensure continued support and investment in the programme.

Programme evaluation is an essential tool for:

- creating better information to judge the effect of a programme, not just relying on perceptions of success
- ensuring the best use of scarce resources for health and education
- maximising the quality and sustainability of the programme

**Process evaluation:**

Process evaluation assesses what interventions have been implemented, with whom, and when. Process evaluation is a good way to determine what is happening within the programme and compliments outcome evaluation. It is carried out during the delivery of the programme and provides information about progress towards objectives and the need for interim adjustments.

Process evaluation can be carried out formally by logging specific feedback at certain points in the programme. This gives the programme team the opportunity to reflect at set times and re-direct the activities if required. An informal approach can also be adopted whereby all feedback is logged as and when it arises, via word-of-mouth.

**Outcome evaluation:**

Outcome evaluation measures whether and to what extent objectives have been achieved. Data collected before the programme started constitutes the baseline data. Collecting baseline data is an important component of the evaluation process as it makes it possible to assess whether change has occurred since the programme started. Both qualitative and quantitative data can provide baseline data, with relevant post intervention data used to assess whether changes have occurred according to the desired programme objectives.

## **AIMS and OBJECTIVES:**

The aims of this evaluation were to:

- assess whether the Manningham Information Van had been meeting the needs of the users, in relation to the provision of information about Sure Start and the signposting of services.
- determine whether there are any concerns about the service and
- suggest ways in which the service could be improved in the future.

The objectives within the context of the previous service provision were to gain an understanding in relation to:

1. where the service was provided
2. who operated the service
3. how activity data were recorded
4. how activity data were processed
5. what information was requested by the residents
6. how any concerns from residents were handled by the programme?

## **METHODOLOGY:**

The initial insight into the service was gained by shadowing and speaking informally to key members of Manningham Sure Start Programme associated with Manningham Information Van (MIV) Service. In addition to the Delivery Plan consultation, findings from the recent User Satisfaction Survey (USS) carried out in the area also informed the evaluation process<sup>[3]</sup>. An audit of the records kept by the service was also carried out to assess the level and type of interest generated by the service. In cases of any concern, key personnel were re-contacted for further clarification.

The overall plan of assessment included:

- A. Personal experiences of a visit to MIV- Evaluation Lead
- B Discussion with the following personnel:
  - 1. Interim Programme Manager
  - 2. Data Storage and Retrieval Officer
  - 3. MIV Operator
  - 4. Community Development Coordinator
- C Assessment of the relevant paperwork in relation to:
  - 5. The Delivery Plan
  - 6. The MIV operator's aims and objectives
  - 7. The User Satisfaction Survey findings regarding the MIV
  - 8. Audit of records kept by the MIV operator:

## **RESULTS:**

### ***The Mobile Information Van - Background: The Introduction of the Service***

Prior to the formal launch in January 2004, the MIV service was piloted in the community by arranging one session in a community centre and five sessions in various residential streets. Residents were offered a complimentary 'fun bag' and invited to look into the contents of the information van. The service was offered by bilingual staff, employed on a sessional basis from within the community. As they were no longer working for the programme it was not possible to establish their perspective regarding the service operation at that time.

Following the launch, the formal service was then offered by a White English female, who also drove the van. The MIV activities involved 8 sessions per week during which the vehicle would be parked in either a designated residential street or in the vicinity of primary schools. The parents/ guardians of accompanying children were approached and invited to look at resources carried by MIV. The MIV operator used her personal knowledge and experience of the area to assess whether the interested individuals belonged to the Sure Start catchment area. Families' personal details and any requests about services from within the catchment area were recorded. The initial version of the form used for data collection was designed to record name, address, first language and requests for any further information. This form was later refined and included variables such as gender. The information thus collected was analysed for the type of request/ advice for the users and conveyed to either the Healthcare or Family Care Teams who would arrange a domiciliary visit with bilingual support. The data below represent the findings from the formal and informal service.

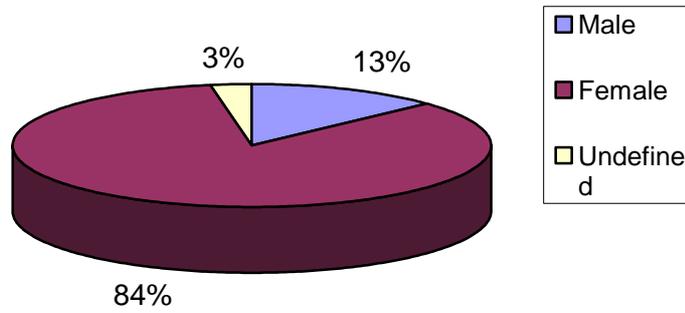
#### **Audit of data of Service Use:**

The findings presented below provide information about the data collected from MIV, from the perspectives of the service providers.

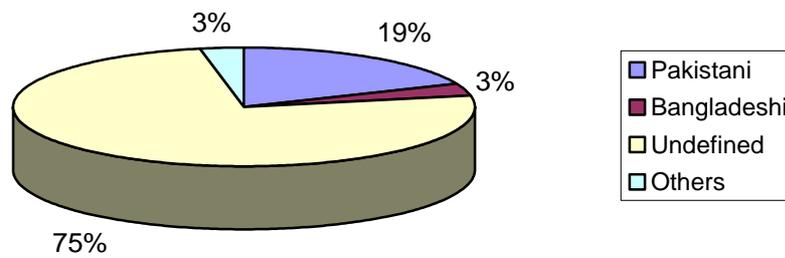
### ***Type of Service Users:***

Investigation into the quality of data collection showed gaps in the information, especially in relation to ethnicity and gender of the clients. From the evidence that was collected, it would appear that 84% of respondents were female (Figure 1). Further analysis by ethnicity presented in Figure 2 indicates a substantial gap in ethnic identification. However, when monitored, the findings show that the majority of clients were of Pakistani origin. This was further substantiated by analyzing the data collected through the pre-launch 'Bags of Fun' events as shown in Figure 3. Recording of ethnic monitoring data was found to be inconsistent.

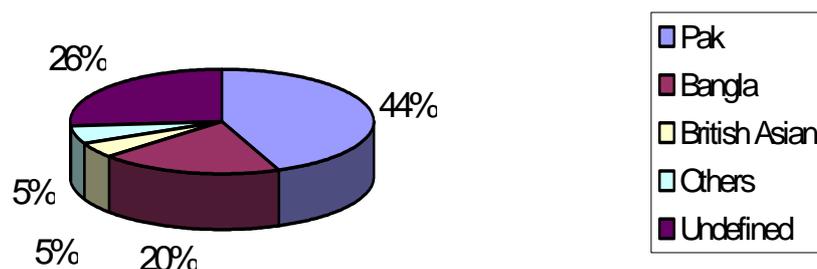
**Figure 1: Manningham Information Van Formal Sessions - Gender Analysis**



**Figure 2: Manningham Information Van Formal Sessions – Ethnicity Analysis**



**Figure 3: Manningham Information Van 'Bags of Fun' Events - Ethnicity of Respondents**



***Information Signposted by Manningham Information Van:***

There were a wide range of leaflets available, representing a vast amount of information, but they were all in English as follows:

- “Mobile information Bus” information leaflet
- General introductory booklet about Manningham activities – purple document “working with families and children under 4”
- “Interested in childminding? Want to find out more?”
- “what is family support”
- “Toddler group” invitation leaflet
- “Playgroup” information leaflet
- “Drop-in and chill out ” information leaflet
- “Drop-in crèche”
- “Eating less salt” information leaflet
- Exercise classes for women
- Parent forum meetings
- Other related activities:
- “20 ways to beat stress” – Bradford District Health Promotion Service
- “Never too soon to register ... How to register your baby with a dentist”
- The Green Cross Code
- Fire alarm booklet”

### ***Information requested by respondents:***

Those respondents who availed themselves of the MIV requested information on:

- Smoke alarms
- Home safety
- Central heating grants
- Crèche
- Something for men
- Support in Bengali Language
- Information on courses –English, Swimming (adult or child not specified – Farcliffe/Oakwood – 27<sup>th</sup> Jan) and childminding, computers, first aid, basic food hygiene, job search and meeting skills.

### **Referral Route:**

The data collected through the Information Van was processed as follows:

A copy of the parent record was forwarded to one of the two Parent Involvement Officers (depending on the gender of the parent), who in turn made arrangements for a domiciliary visit. A copy of the record was also sent to a Sure Start Administrative Assistant for entry into their computer system. Further copies were dispatched to the Community Development and Healthcare Coordinators for their records. In addition, any special circumstances or concerns were conveyed to appropriate personnel.

Examples of some referral destinations were as follows:

- Homestart
- Family Support team
- Child minding

## ***The Service Users' Perspective:***

The User Satisfaction Survey carried out by the local evaluation team indicated that there was a poor awareness of the service among local residents. While approximately half of those families interviewed had heard of Sure Start, only 10% (N=16) knew about the information van and 6 reported having used it. In contrast, one respondent had heard about Sure Start by visiting the information van. A number of key personnel associated with MIV service were contacted in order to identify barriers/ concerns which might have contributed to this low response rate generated. The following section describes their perspectives.

### **Need for the Service:**

The Community Development Coordinator (CDC) confirmed that the need for the service was identified as a result of community consultations carried out for formulation of the Delivery Plan. She explained that the local community felt that there was not enough information about available services. Therefore the MIV service aimed to improve access to both Sure Start and mainstream services for the 'hard to reach' families, by providing them with appropriate information. The MIV also aimed to specifically promote Sure Start activities. If interested families were not registered, then appropriate referrals to the Healthcare and Family Care Teams could be initiated. The CDC confirmed that the key stakeholders for the MIV service included the Sure Start Management Board, local organisations such as social services, Early Years, community development programmes, Bradford City PCT, local schools, CVS, community centres and the users. The Management Board was informed of the activities of MIV during scheduled board meetings and the communication to the rest of the stakeholders was subject to the awaited newsletter, which to date has not materialised.

### ***Language and Cultural Issues:***

During the formal phase of MIV the principle researcher (AM) visited the van while parked in one of the residential streets in order to examine the available resources and also to explore the community dynamics. The session was operated by two White English-speaking females, both unable to communicate in any of the community languages. The operator/ driver was accompanied by a volunteer from Bradford College to gain work experience as part of her child care course. The MIV was parked for up to 2.5 hours in a street lined by rows of terraced houses with

limited parking space for each resident. The street visited was adjoining Oak Lane, the main shopping zone in Manningham and hence the parking space was extra congested. This was apparent from the hostility shown by one of the residents during the researcher's visit. The large van was also seen to pose an extra safety hazard for young children playing in the streets.

On being questioned about any challenges associated with the cross cultural communication, the MIV operator stated that she was 'totally satisfied with her approach'. The poor level of service uptake among the community was explained in terms of 'lack of community knowledge' associated with the Sure Start concept and hence their aloofness in relation to the activities. When asked to explain whether her inadequate language capability or the possibility that limited awareness of cultural aspects might present her with any additional challenges, she emphasised that it was not a problem and that "She always managed to 'get by' if not directly then by using some of the other passer bys".

The only recommendation she would like to make to any future Recruitment Board would be to aim for a female worker, plus additional backup support from a male to facilitate communication with elderly male respondents or to provide extra support in situations where a lone female would feel threatened. She emphasised that the ethnicity or linguistic ability of the MIV service operator should not be the prime consideration.

The Community Development Coordinator was also satisfied with the MIV and her only concern was for the safety of the Service Provider. Both Interim Manager and CDC identified the language and cultural aspects of the service provision to be the key barriers to its efficiency and intended to redress the balance with the forthcoming appointment for the post of MIV operator.

### **Referral Routes to the Sure Start Register:**

On questioning, the MIV operator felt that a significant proportion of Sure Start registrations occurred as a result of parents visiting the MIV, as well as from home visits made by Health Care and Family Care Teams and following visits to crèches. Referrals from all of the four team (Early Years, Community Development, Health Care and Family Care) are contributing to registration with the Manningham Sure Start Programme.

The researcher enquired as to the proportion of families who might have been registered following their visit to the MIV. However, the information was not immediately available as the member of staff responsible for data retrieval did not feel comfortable with the software being employed and required further training. Nevertheless, she stated that the prime function of the MIV was to signpost Sure Start activities rather than contribute to the Sure Start register.

## **DISCUSSION:**

The development of an information van with a remit to cover all parts of the Sure Start Manningham District represents a potentially innovative approach, particularly in response to the expressed need for locally based services. The Delivery Plan defined a number of roles for the MIV. The initial aim included weekly deliveries for the Toy Library, home safety and mobile crèche equipment, the stocking of children's books and toys, a fair-weather venue for story telling and street entertainment, and the promotion of Sure Start activities across the area, reaching out to involve more isolated families. This ambitious agenda does not seem to have been realised to date, but has been limited to the promotion of Sure Start activities together with signposting to other local services.

Any new service needs to be fully monitored, with feedback to the appropriate stakeholder groups at regular intervals. In this way, the service can be re-assessed and re-evaluated in relation to its aims and objectives. It would appear that the means of monitoring, including the classification of ethnicity, required some attention. Whether as a signposting service, or as a referral into Sure Start, there should also be evidence of such activities readily available on request, so that any progress can be observed over time. Without this documentation, ideally transferred to a database, there are a limited number of alternative ways to ensure that such activities are proving to be cost-efficient. In addition, the MIV operator needs to be clear about her role, with appropriate training and the opportunity for regular reflection with a senior manager.

Given that two thirds of the local population are of Pakistani origin and a similar proportion speaks Punjabi or Urdu, it is essential that their needs are specifically considered and cultural and linguistic issues taken into account. Although the original launch of the MIV appeared to cater for this as the service was provided by Asian workers from within the community who were employed on sessional basis, once the programme went 'live', this aspect of the work seems to have been overlooked. While it could be argued that local Sure Start workers can provide linguistic support once a child is registered, this ignores the need to attract and engage families to use the service and discuss possibilities in the first place. Any

front-line approach must cater appropriately for the local residents, linguistically and culturally. Language and cultural norms in greeting are simple examples of this.

It is clear that the MIV was parked in a number of different locations across the Sure Start district. However, there appear to have been some safety concerns. A geographical scoping exercise may be helpful - including consultation with various community groups and other service providers to gain feedback as to what they feel would be ideal. Indeed they may be able to act as local 'sign posters' for the MIV in the first place.

Sure Start Manningham was launched in March 2003 and the MIV started formally in January 2004. Unfortunately, because the service was only in use between January and March of 2004, when weather conditions were relatively adverse and people are more likely to remain in their homes, it is difficult to gauge a longer-term impact. Comments are therefore, by necessity, tentative - but there is enough evidence to pick out some concerns. The possibility of the MIV becoming a venue for street entertainment and story telling has still to be developed, and would require reasonable weather conditions and a safe parking area which would attract local residents. Linking in with other local agencies to provide signposting for the MIV would appear to be a useful concept to explore. Using the van as part of a Sure Start fun day would help people to identify its role and, hopefully, spread the word as a useful facility. The MIV could also act as a locally-based facility in which to deliver some of the existing Sure Start advisory services as an outreach facility.

The User Satisfaction Survey has reported that families want help to use local services. Overall, 45% of respondents want more information, almost as many stated that they would like facilities closer to home, that there should be better publicity and that, ideally, they would like someone to introduce the services to them. In all respects, it is clear that the MIV has great potential to meet these needs. The challenge is how to do this in the most effective way!

In summary, the evaluation process has identified a number of user and provider led barriers which are preventing access to the service. Therefore the recommendations take into account following challenges:

***User Led Challenges:***

- Lack of empowerment and confidence
- Competing priorities
- Lack of awareness associated with Sure Start
- Language and Cultural issues
- Literacy issues

***Provider Led Challenges:***

- The resources not suitable for the population being targeted.
- Unable to cope with the literacy issues
- Unable to appreciate the key issues in cross cultural communication
- Inappropriateness of the contact mode
- Inappropriate monitoring of gender and ethnicity
- Uncertainty about training, monitoring, feedback or review
- Lack of user involvement in the provision of the service

## RECOMMENDATIONS

1. Measures are required to raise awareness of Sure Start initiatives including the MIV
2. Staff responsible for data collection, storage and retrieval should be trained in data monitoring skills.
3. As part of quality control there is a need to calibrate the work to ensure reliability of collected information
4. Ethnicity monitoring is required to comply with the Office of National Statistics<sup>[4]</sup>
5. Cultural awareness of the service providers is required to ensure a culturally appropriate service.
  - a. to help empower local people to be able to use Sure Start, MIV and other services signposted by MIV.
  - b. For consultation to determine preferred locations and times for MIV activities
  - c. to promote awareness of and use of MIV
6. Translation of the information leaflets is required into local community languages especially Urdu and Bengali languages
7. A bilingual operator capable of speaking Urdu & or Bengali languages should be appointed.
8. As females mainly accessed the previous service, gender matching of MIV operator might be justified in this case.

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