



**Developing the Equality Agenda in Two Primary
Care Trusts: Barking & Dagenham and Havering:
The Process of Accessing Quantitative Data for
the Sure Start Community Initiative in Harold Hill
and Marks Gate**

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Preface

This report forms part of a series of evaluation reports planned over the time period 2002-2005 addressing appraisal of the difference that Sure Start - a complex community initiative - makes to the communities of Marks Gate and Harold Hill. An overall approach called 'realistic evaluation' has been selected for this three year, multifaceted study based on two sites. This model of evaluation concentrates on four simple questions. Does the programme work? (Sure Start) Who does it work for or not work for? Why does it work or not work? Under what circumstances does it work or not work?

In providing a comprehensive description of how the Sure Start projects are working it is important to identify the key issues, problems and strengths inherent in this new and dynamic model of service provision. The issue addressed in this report is the interface between Sure Start as a new organisation working in the community and the existing organisational structure of the Child Health System.

It is hoped that analysis of this nature will assist the future direction of community based research projects in Barking and Dagenham PCT and Havering PCT.

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Summary

Introduction

The aim of this report is threefold firstly it sets, in the context of a literature review, the issues that both national and particularly local policy makers have to address in dealing with the agenda of equality. secondly it unravels of the global demands of Central Government through the Sure Start Unit in terms of information requirements and how recent NHS policy in areas such as clinical governance, is reflected through the Sure Start systems. Finally it is an assessment of the specific processes and demands involved in Barking & Dagenham and Havering Primary Care Trusts accessing and presenting quantitative data through their practitioners, to fulfil their commitment to the Sure Start Community Initiative Programme. This information on the local Sure Start interface is presented alongside the national picture of issues (chapter 4) experienced by other child development systems interfacing with Sure Start programmes.

This report will lean towards a health focus in the choice of its exemplars. This is not to suggest that Sure Start is only about re-designing health services, this is very far from the case, as can be seen by its emphasis on play, learning and education, employability and community involvement. However, in filling in 'gaps' and levelling service provision upwards, to communities defined as deprived, many of the outcomes in the Sure Start programme are about salutogenesis, health creation, this is therefore a good place to start.

Chapter 1.

Existing Research: Considerations for National and Local Policy

Sure Start, (DfEE 1999) the programme is designed to tackle the roots of disadvantage and inequity, and is part of the Labour government's priority on inequality policy to prevent social exclusion. Initiatives to tackle the issue of poverty require a multi-focus to consider the psychological environmental as well as cultural factors. For children there is no escape from a difficult situation. When parenting takes place in an environment of stress a broad range of threats are presented to children's lives.

Sure Start resources are particularly aimed at reducing inequalities, releasing communities from deprivation and offering new opportunities and improved life chances to children in those communities. The aim of Sure Start, in working with parents and children, is to promote the physical, intellectual, social and emotional development of children, particularly those who are disadvantaged.

Chapter 2.

Sure Start: The Remit from Central Government

Sure Start has demanded a stringent system of data monitoring, targeting and milestone achievement that all multi-agency professionals in the Sure Start Partnership must adhere to. The penalty for failure in this regard is loss of funding to the programme.

The monitoring picture is further complicated by the different types of monitoring information requested and the seeming difficulty in linking other 'add on' aspects to Sure Start initial aims such as older children smoking rates and adult literacy rates. Compounding this is the lack of clarity between the Public Service Agreements and Service Delivery Agreements. This complexity reinforces the view that some have of Sure Start targets as being difficult to achieve. There exist significant issues and obstacles within the frame of monitoring that should be addressed by Sure Start at the centre that would be helpful to new programmes starting up and also to Sure Start programmes developing their own database of community information.

Chapter 3.

An assessment of the specific processes and demands involved in accessing quantitative data for Sure Start.

A complex set of monitoring and evaluation forms are part of the observation process from Central Government for all Sure Start Programmes. There are difficulties in accessing health information: on the one hand there is a lack of commitment from some quarters in relation to gathering public health community data and on the other hand there are conflicting requests from government through the Trusts, regarding the information that is to be collected. Minimum Core Data Sets currently take no heed of the type of information needed by Sure Start. Compounding this there is a difficulty in standardising the data collected and the route used to collect the data by practitioners. RICHS are able to currently provide information for Sure Start in a number of specific areas. There is potential to develop these aspects further.

The ethos of Sure Start encourages an emphasis on outreach and supportive home visiting. This is clearly a move away from professionally defined normative need towards a more therapeutic working relationship that offers the client much more control over the agenda in an environment of intensive community care.

Chapter 4.

The RIATA Survey: Seeking National Clarification on Interface Issues

The author spoke with 12 members of the Child Health Systems staff at both a local and a national level. Local staff were contacted many times in addressing and clarifying the local issues associated with this process evaluation of the RICHS and Sure Start interface for the Sure Start programmes in the Barking and Dagenham and Havering areas.

Rapid Interrogative Audit Telephone Assessment (RIATA) was developed and used by the author expressly to ascertain what standard, if any existed in other areas regarding information exchange between RICHS and local Sure Start Programmes. This was an appreciative inquiry the sole purpose of which was to enable Barking and Dagenham and Havering PCT's to learn from longer running Sure Start Programmes and their interface with Child Health Systems. Both local and national respondents highlighted similar issues around: understanding Sure Start, requiring more information about Sure Start, trying to address the unique needs of Sure Start whilst feeling overburdened with the Sure Start demands. Additionally many Child Development systems were addressing future resource and system needs as more Sure Start programmes come on stream.

Conclusion

This report attempts to draw together the important aspects in this new model of service provision. The report highlights the subject of social exclusion and how it is addressed, the aims and limitations of the Sure Start system in meeting targets and milestones and finally this report was an exposition of the specific local issues in terms of the Sure Start and RICHS interface. Overlaying this last aspect and based on a survey, an explanation is offered of pertinent information issues from other Sure Start areas across the country in their attempts to develop a Sure Start Child Development System interface.

Overall there is enormous enthusiasm both from RICHS staff both locally and nationally to help Sure Start to achieve their aims. There is a will from Sure Start locally in both areas (Marks Gate and Harold Hill) to continue to meet the government demands and deliver the requisite information on time and in the correct format required by the Sure Start Unit. Developing further commitment to work together in this new way across this new interface can only enhance the efficiency of data collection and dissemination for the benefit of local professionals and ultimately the local community.

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