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EVALUATION OF SURE START BRAMLEY

2001 - 2007

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**Sure Start Bramley First Year Local Evaluation Report
(Feb 2001-Mar 2002)**

**Sure Start Bramley Second Year Local Evaluation Report
(Apr 2002-Mar 2003)**

**Bramley Family Support Service: Evaluation Report by Michelle Potts,
Parent Researcher (Nov 2002-Mar 2003)**

Sure Start Bramley Three Year Evaluation Report (Feb 2001-Mar 2004)

Sure Start Bramley User Satisfaction Survey Report (Apr 2004)

Sure Start Bramley Fourth Year Evaluation Report (Apr 2004-June 2005)

Sure Start Bramley Fifth Year Evaluation Report (April 2005-Nov 2006)



Nationwide Children's Research Centre

Foreword to Sequence of Five Annual Reports plus Parent-Researcher Evaluation and User Satisfaction Survey

This foreword provides an overview of the NCRC's Evaluation of Sure Start Bramley; a note on methods used; analysis of key themes including Evaluation of the Outreach Team, consultation with parents, database analysis, Value for Money, and the transition from Sure Start to Children's Centre. Other aspects of Sure Start's service which have been evaluated are summarised. Limitations and successes of the evaluation are discussed.

Overview of Sure Start Bramley

Sure Start Bramley (2000 – 2007) was situated in a mixed urban area in West Leeds. Its population in 2000 was 22,428. The population of Children under four in the Sure Start area in 2001 was 1,039 (Source: Leeds Community Health Trust, 2001 quoted in the revised Sure Start Delivery Plan, 2001). At that time there were 907 families with children under four in the area. Approximately 97.8% of the population was white British. The area covered by Sure Start Bramley expanded to include Armley and other areas of West Leeds from 2004 - 2005.

Sure Start Bramley (SSB) was a second round programme which gained approval from the Sure Start Unit in July 2000. SSB was established as an independent company limited by guarantee and as a registered charity. Trustees included representatives of statutory and voluntary agencies and parent representatives. An elected member of Leeds City Council chaired the Board throughout SSB's life. SSB had two Programme Managers, one from November 2000 – 2004; and the second from 2004 – 2007. Five members of the Outreach Team were appointed from a variety of professional and community backgrounds in 2001. One of them was appointed as Outreach Team Manager in 2005. A sixth member of the

team (male) was in post from 2003. All of them remained in post until 2006 – 2007. SSB's staffing expanded to include Play Workers and Parent Information Officers from 2002. SSB provided a range of support services to local families with children under four directly, through Sure Start staff, and indirectly through Service Level Agreements with local agencies, many voluntary sector based.

A computerised database was established in 2003 -2004 and most families with children under four in the area became registered with Sure Start. SSB's Annual Revenue Budget was in the region of £0.8m. SSB's Capital Budget enabled the building of a Sure Start Nursery by 2003 with places for up to fifty, children and this service is run by Leeds City Council Early Years Service. SSB was located in temporary buildings until a new Sure Start Resource Centre was opened early in 2005 (after delays). Numbers of staff employed by SSB reduced by the end of 2006. Sure Start Bramley applied successfully to Leeds City Council to run as a Children's Centre providing a Seven Day Response Service, with reduced budget and staffing from April 2007. The second Programme Manager and some other staff transferred to the new service.

The Nationwide Children's Research Centre (NCRC) based in Huddersfield was appointed as SSB's local evaluator in the autumn of 2000. The evaluation team comprised Martin Manby, director of the NCRC and Dr Brid Featherstone, NSPCC Reader at the University of Huddersfield (2000 – 2005), and Professor of Social Policy and Social Work at the University of Bradford from 2006 onwards. Anne Robbins at the NCRC produced all seven reports. Pia Toivonen and Johanna Metsala, Social Workers from Finland working as Research Assistants with the Centre for Evaluation Studies at the University of Huddersfield constructed the SPSS database for the User Satisfaction Survey in 2003. Paul Norton, an independent research consultant, constructed the SPSS database for the File Review carried out in 2004, 2005 and 2006, and analysed the results.

Focus of the Evaluation and Methodology

Sure Start Programmes were required to appoint local evaluators. National Guidance from Sure Start (2001) stated that local evaluations should *monitor progress towards national objectives and targets; review working practices and processes through which Sure Start was delivered; and assess whether services provided achieved good value for money* including adding value to existing services. Local evaluations were also required to *avoid stigma; to involve parents, grandparents and other carers; to ensure lasting support by linking to services for older children; to be culturally appropriate and sensitive to particular*

needs; and to promote the participation of local families in the design and working of the programme. Process evaluation had to include the effectiveness of the Sure Start Partnership; service quality; multi-agency work; and whether management structures supported the achievement of Sure Start's objectives and key principles.

The Sure Start Unit (nationally) specified in 2003 that local programmes had to produce a Three-Year Evaluation Report; to undertake a User Satisfaction Survey; and to ensure that programmes commissioned work on Cost Benefit Analysis focusing on a substantial element of the service provided. The focus of the evaluation of SSB was decided through an Evaluation Steering Group set up in 2001, in consultation with the Programme Managers and the Sure Start Board, with adherence to National Guidance. Presentation of each of the reports to the Sure Start Board provided an annual opportunity for identifying evaluation priorities. Methods used included surveys; interviews with service users, Sure Start staff and trustees and partner agencies; observation of service delivery including one-to-one support and group work; case studies; and file data analysis.

Outreach Team

The Outreach Team initially provided the core of Sure Start's assessment and service delivery, and was a main focus for the evaluation in Years 1, 3 and 5. The Year 1 analysed the Outreach Team's contribution to individual service user support and its promotion of group work and project work. Support for mothers with post-natal depression, provided in conjunction with Health Visitors and the NSPCC, was a main element in the service provided, and a focus for evaluation in Years 1 and 2. By Year 3 the roles of the Outreach Team had become differentiated with members of the team taking lead roles, for example, in liaison with the Sure Start Nursery, in the provision of benefits advice and counselling, in supporting minority ethnic groups, and in work with fathers.

In Year 5, the Sure Start Board commissioned a qualitative evaluation of the impact of the Programme on children and parents who had received long-term support. Mothers and children from eighteen families (two-thirds of them lone-parent families, and four from ethnic minority groups) were interviewed. Families had been supported by the Outreach Team for an average of two years. Data analysed indicated positive impact for children in relation to *development, learning, making new friends, speech and language and confidence*; and for parents in relation to *making new friends, isolation / contact; parenting skills, health, confidence and motivation*. Themes about parents' *dependence / independence* were

explored. Parents' level of problems appeared to have reduced by the end of their contact with SSB. (See references to the Hardiker Grid, Year 5 Report, Appendix 5).

The Year 5 Evaluation provided an opportunity to explore issues of professional boundaries for local Outreach Team workers, and the emergence of a positive and supportive organisational culture. By this late stage in the life of the Outreach Team, staff had developed the role of practitioner / purchasers, co-ordinating, encouraging and deploying a range of Sure Start and externally provided services.

Consultation with (and involvement of) Parents / Carers

Consultation with parents was effected through the appointment of a local parent researcher to evaluate Bramley Family Support in 2002 – 2003; and through a User Satisfaction Survey carried out in 2003 – 2004.

The parent researcher was appointed from six short-listed candidates in September 2002 with a brief to evaluate a Family Support Service, which was run by a local voluntary agency and part-funded by Sure Start. The parent researcher had qualifications up to A-level and had had to terminate a University degree course after becoming a parent. The evaluation was completed within six months, using informal interview techniques with young children, and semi-structured interviews with parents, both users and non-users of the service, and staff at the project and at Sure Start. The parent researcher's grasp of research methodology was sound; and her knowledge and experience as a service user was invaluable in making contact with local families and in understanding the dilemmas of hard-to-reach, potential service users.

Sure Start mothers piloted and helped improve the draft User Satisfaction Survey questionnaire in 2003. The resulting report was based entirely on service users' views and experiences. National Evaluation of Sure Start (NESS) Guidance on sampling techniques was followed. A hundred and twenty-five (125) service users responded. Comparisons were made with a Baseline Child Care Survey undertaken in 2000. Sure Start services were highly commended, and high satisfaction levels were recorded for services available for children up to age five including nursery education. Almost all parents had experienced good quality play provision / learning opportunities. By 2003 progress was being made towards meeting demand for nurseries, play groups, parent and toddler sessions and access to toy libraries. Satisfaction levels for parents with children with additional or special needs

appeared higher in 2003 than in 2000. More worryingly, fewer parents in 2003 had access to a dentist and parents had concerns about the provision of safe outdoor play equipment.

The survey found that less than half the respondents said they had breast-fed their youngest child; most of those who had done so had breast-fed their child from birth until three months. A higher proportion of lone parents experienced post-natal depression; and a higher proportion of this group were smokers, and wanted help with this.

File Reviews: Annual Reports for Years 3, 4 and 5

Reviews of closed Outreach Team cases were analysed for three consecutive years. Nearly three-fifths of these cases were lone-parent families, and higher numbers of ethnic minority groups were supported, indicating effective targeting of Sure Start support. Most families were referred by Health Visitors, followed by self-referrals. Cases were open for an average of six months over the three-year period. About half the families had Level 1 (universal service) characteristics; and about half the families were Level 2 (families needing additional support).

The File Reviews identified the main focus of the Outreach Team's work including type and number of problems; and the team's contribution to supporting families where child protection issues had been identified.

Cost Effectiveness

The Year 2 Evaluation found that SSB staff were financially aware. They were required to produce detailed costs for community projects which they sponsored (in consultation with local parents). Following National Guidance, the evaluation carried out an exploratory review of the costs of "home visits" by Sure Start Bramley and by two local voluntary organisations (Bramley Family Support and Home Start). Definitions of "contacts" and "home visits" were essential pre-requisites to this exercise. When the Review was repeated, encouragingly, a year later costs of Sure Start and the Bramley Family Support Service had fallen. Improved data entry on the now well established Sure Start computer system, and higher staffing levels at Bramley Family Support, were key variables.

Consistency and Scope

Sustaining the Evaluation over a six-year period meant that it was feasible to return to key themes, including those already mentioned. Development of the concept of Children's Centres, use of buildings, work with fathers, and reviews of management and local partnership work all featured in at least two of the annual evaluations. Other services or activities assessed by the evaluation included a Women's Domestic Violence group; Counselling services; Sure Start Speech and Language service; the SSB Shop; and the SSB Volunteer Scheme.

Limitations

The SSB Evaluation appears to have gone a long way towards meeting national expectations regarding: the participation of local parents; ensuring a focus on service quality – including access for hard-to-reach families; partnership work; value for money; and assessing the effectiveness of management structures. The evaluation was less successful in retaining a clear focus on national objectives such as reducing peri-natal mortality, ensuring increases in breast-feeding, and reducing childhood accidents. Answers to questions about improvements in children's educational attainment at Key Stage 1 and Key Stage 2 in the Sure Start Bramley area remain speculative. In these areas the limitations of the SSB Local Evaluation were mirrored by the somewhat equivocal findings of the National Evaluation, which failed to provide evidence of improvements in, for example, peri-natal mortality rates or achievements at Key Stage 1 in Sure Start local areas. (Source: Meadows P: National Evaluation of Sure Start Preliminary Findings, June 2006).

Martin Manby

October 2007

SURE START BRAMLEY

Local Evaluation Report

February 2001 – March 2002

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PREFACE

The Local Evaluators would like to thank parents and staff at Sure Start Bramley and the local Evaluation Steering Group for their co-operation in the evaluation of the Project so far. Particular thanks are due to Bramley Health Visiting Team, the NSPCC Family Support Service and the Sure Start Outreach Team for their contributions. Thanks are due also to Anne Robbins who produced the report.

Brid Featherstone and Martin Manby
April 2002

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- 5. Outreach Team Project Evaluations**

Executive Summary

Evaluation Programme for year 2001 – March 2002

The local evaluation of Sure Start Bramley for the period up to March 2002 has been developed taking account of National Guidance produced by Sure Start. Priorities were considered by an Evaluation Seminar in March 2001 and have been developed further by an Evaluation Steering Group meeting at four-monthly intervals. The evaluation has encompassed the following areas: developing an overview of the Sure Start programme; practitioner evaluation and an evaluation of two specific projects, the Outreach Team and the Family Support Programme offered by the NSPCC.

KEY FINDINGS AND RECOMMENDATIONS

(i) Overview of Sure Start (Bramley)

Data obtained for the overview from key personnel in Sure Start Bramley indicates that considerable progress has been made in establishing the infrastructure, developing services, and consolidating partnerships. There is a need, however, to review priorities and to develop a sense of ownership more widely in relation to such priorities and to continue to foster partnerships particularly with parents.

- *The Management Board should take the lead in facilitating a review of overall priorities and consolidating partnerships. Key issues include exploring how the important issue of domestic violence should be integrated within the work programme and facilitating, acknowledging and valuing parental involvement.*

Analysis of the monitoring information currently being collected would indicate that there are some gaps and anomalies.

- *Sure Start Bramley should establish a computerised management information system as soon as possible.*

(ii) The Outreach Team

A positive start has been made in establishing the Sure Start Bramley Outreach Team and the team contains a range of expertise including personnel with local knowledge. Protocols have been established for the approval of initiatives linked to Sure Start objectives and involving community consultation. Methods of work include one to one support and project work and there is a strong commitment to evaluation and feedback.

- *The Team's commitment to project work meeting local needs should continue*
- *Consideration is recommended on how to develop strategic links between the Team's one to one support work and other Family Support Services , for example Home Start*
- *The Team has developed at a pace and consideration should be given to what kind of forums will enable the team to best explore developmental issues and points of tension that may emerge after a period of rapid growth.*

(iii) The Family Support Service

The evaluation of a small number of service users' views would indicate a need for this service. Key issues emerged in relation to how first contacts are managed and the criteria used to finish pieces of work.

- *Obtaining a broader sample of service users' views is required here. This should test out some of the preliminary findings particularly in relation to first contact meetings and endings.*

EVALUATION PRIORITIES FOR THE YEAR STARTING IN APRIL 2002

These should include:

- Further evaluation of the Family Support Service
- Development work on the role of fathers and male carers in Sure Start Bramley
- Facilitating community involvement in evaluating the local impact of Sure Start
- Ensuring that value for money and cost benefit issues are prioritised

I Background and Context

Summary

This section describes the establishment of Sure Start Bramley, local statistics and the need for a computerised management information system.

1. Sure Start Bramley is a second round programme which gained approval from the Sure Start Unit in July 2000. The Programme Manager and the Administration Manager were both appointed in November 2000 and the Trustee Directors Board became operational on January, 1st 2001. The appointment of 4 full time equivalent outreach workers, meant that the Sure Start core team became fully staffed in March 2001. Additional funded workers are located in other agencies, the largest investment being in Bramley Family Support Service run by the NSPCC.
2. The Trustee Directors Board is constituted in the following way: 6 parent places; three places for statutory agencies; three places for voluntary agencies and one for the chair of the Community Involvement Team who is an elected member of Leeds City Council. Places are reserved on the board for a parent representing special needs issues and minority ethnic families.
3. Currently, there are four parent members on the board. Social Services, West Leeds Primary Care Group and the Early Years Partnership (Leeds Child Care and Early Development Service) comprise the statutory agencies represented on the Board. The NSPCC, Bramley Family Support and Bramley and Rodley Community Action (BARCA) comprise the voluntary agencies. There are a number of strategic sub groups designed to monitor and contribute to the planning and achievement of the target objectives. These are: Child Care and Play; Building Development; Mini bus purchase and use; Employment; Service Level Agreements; Finance; Health.

Sure Start Bramley- Demographics

4. The population of children under 4 in the Sure Start area is 1039. (Source: Leeds Community Health Trust, 2001 quoted in the revised Delivery Plan, 2001).

There are 907 families with children under 4 in the area. (Source: Local Health visitor records quoted in the revised Delivery Plan, 2001).

An ethnic breakdown for the Sure Start Bramley area is in **Figure i** below. (Source: Census data – 2000).

Figure i
Ethnic Breakdown (of whole population)

| Ethnic Origin | % of Total Population |
|----------------------|------------------------------|
| White | 21,934 (97.80%) |
| Black Caribbean | 30 |
| Black African | 14 |
| Black Other | 21 |
| Indian | 96 (0.43%) |
| Pakistani | 24 |
| Bangladeshi | 1 |
| Chinese | 18 |
| Asian Other | 17 |
| Other Ethnic | 74 |
| Born in Ireland | 199 (0.88%) |
| Total | 22,428 |

Nearly 98% of the Sure Start Bramley population is described as white.

Children and Families in contact with Sure Start

5. A computerised management information system has not been set up by Sure Start Bramley. Discussions have been held with contractors and it is anticipated that a system will be set up in April 2002. Data for the Monthly Information Form 1 is collected manually by both the core team and the other service providers contracted by Sure Start. The Administration Manager collates the statistics into a monthly return.
6. These monthly returns have been made available to the evaluation team. In examining them for monitoring purposes it is apparent that there are anomalies and gaps. In particular the data on numbers of children seen by Sure Start has reliability problems and little information is available on live births. As baseline data is crucial both for monitoring and evaluation purposes, the development of a reliable information system is a priority for Sure Start Bramley.

Recommendation:

The establishment of a computerised management information system is a priority.

II Evaluation: Principles; priorities and methodology

Summary

Guidance on local evaluation of Sure Start projects was produced by National Sure Start in August 2000. Local evaluations are required to focus on "individual activities and processes so that lessons can be learned for the development of programmes locally". Principles and priorities for the evaluation of Sure Start Bramley were agreed in March 2001. The style adopted has been formative, emphasising parent and practitioner involvement. Methodologies adopted for the evaluation activities described in this report have been mainly qualitative using specifically designed and standardised research instruments, semi-structured interviews and observation of project activities. Accountability has been through an Evaluation Steering Group. The methodology will be reviewed taking account of future project priorities.

National Guidance

7. National guidance from Sure Start in August 2001 stated that the local evaluation of Sure Start programmes should focus on:
 - Carefully monitoring progress towards national objectives and targets.
 - Review the working practices and processes through which Sure Start is being delivered.
 - Assess whether the services being provided achieve good value or money.
8. The national guidance also promoted key Sure Start principles to inform local evaluations, namely to:
 - Co-ordinate, streamline and add value to existing services.
 - Involve parents, grandparents and other carers.
 - Avoid stigma by ensuring that all local families are able to use Sure Start services.
 - Ensure lasting support by linking to services for older children.
 - Be culturally appropriate and sensitive to particular needs.
 - Promote the participation of local families in the design and working of the programme.
9. The national guidance also suggested that local evaluations may wish to look at a sample of individual projects or activities in more depth, including those that are most innovative and those that are most problematic.
10. The national guidance also refers to *process evaluation* including:

- The effectiveness of the Sure Start partnership.

 - The role and involvement of local parents and the wider community – including minority ethnic groups.
 - How individual services and activities are delivered.

 - Service quality.

 - How professionals from different agencies work together.

 - Whether management structures support the achievement of Sure Start's objectives and key principles.
11. The national guidance also referred to the principles to be adopted in addressing value for money issues through the local evaluation.

NCRC Principles

12. The NCRC's initial proposal for evaluation of Sure Start Bramley anticipated principles contained in the national guidance. These included emphasis on consultation with local parents informing the evaluation and an emphasis on qualitative dimensions. The proposal suggested that *the style of the evaluation should be participative, promoting endorsement by those involved of the principles of evaluation and feedback, and developing the skills of local practitioners and also of local people in contributing to evaluation methodology*. The emphasis in the national guidance on value for money and cost benefits was also anticipated in the proposal document.

Evaluation Seminar: March 2001

13. Following an initial presentation by the evaluators to the partnership group it was agreed that an evaluation seminar involving agency representatives and parents should be held in March 2001 to agree a policy on information sharing and to agree how Sure Start projects would be evaluated. The seminar dealt with issues of consent about how data should be stored and shared. The seminar agreed that the evaluation should be based on a partnership between parents, agencies and the external evaluators. Training would be required for parents and practitioners involved in evaluation. The evaluation would harness the contributions and expertise of professionals with knowledge and experience of evaluation techniques. Parents' contributions would be valued and care would be required to ensure they were not exploited. Accredited training and remuneration for parents would need to be explored. The seminar report noted that parents' knowledge of local networks and their experience of bringing up children were an invaluable resource. The seminar considered priority areas for evaluation in year one and agreed to establish a Steering Group to oversee the evaluation.
14. The seminar was positively evaluated by parents and agency representatives who attended. Representatives rated work undertaken in small groups and agreeing principles about information sharing as particularly effective. The evaluators considered that the seminar had succeeded in its objectives and had raised the profile of evaluation activity appropriately.

Evaluation Priorities

15. Initial priorities considered at the seminar included monitoring progress in establishing contacts with families with children under four; practitioner involvement in evaluating the speech and language service; Health Visitor involvement in evaluating services provided for mothers experiencing post-natal depression; evaluation of the Outreach Team; and evaluation of the NSPCC Family Support Service which had been contracted to work with Sure Start. The evaluators were involved in and influenced discussions about evaluation priorities.
16. These priorities were reviewed by the evaluation Steering Group at its first meeting in July 2001 where agreement was reached that evaluation would focus on the Health Visitors' involvement in providing services to mothers with post-natal depression, as an example of practitioner involvement in evaluation. Evaluation of the Family Support Service which had been expanded through Sure Start investments, was confirmed. The first year evaluation would also include the work of the Outreach Team which had responsibility for promoting the project's direct work with families and its community involvement programme.

Methodology

17. The methodology adopted by the evaluation has reflected the project's overall priorities and the characteristics of the areas selected for evaluation. The methodologies used are described in subsequent sections of this report. The Health Visitors' evaluation has used a standardised (Edinburgh Post Natal Depression Scale – EPDS) measure and a questionnaire developed by the NCRC. The Family Support Service evaluation has been mainly qualitative using semi-structured interviews. The evaluation of the Outreach Team has involved participation in team meetings, semi-structured interviews with Outreach Team members and observation of project activities. The evaluation has also had access to the Outreach Team's project data and to feedback obtained from service users involved: practitioner evaluation has been a consistent feature of all project work undertaken by the team.
18. The evaluation methodology will be reviewed for the next phase of the project taking account of developing priorities for the evaluation. The Sure Start regional office has recently indicated that future priorities will include greater emphasis on value for money and cost benefit analysis.

Recommendation

Priorities for the focus of future evaluation activities should be kept under review; and the methodology used should be adapted appropriately.

III Practitioner Evaluation

Evaluation of Health Visitors' support to mothers experiencing post-natal depression; and of group work promoted by the Outreach Team to support these mothers.

Summary

This section describes approaches to practitioner involvement in evaluating services for mothers experiencing post-natal depression by Health Visitors; and by Sure Start group workers. Health Visitors have started to use the Edinburgh Post Natal Depression scale and a questionnaire exploring social context issues. Group workers linked to the Outreach Team have used user feedback questionnaires to obtain assessments of two twelve-week programmes. Responding to post-natal depression is a core target for Sure Start projects and both Health Visitors and the Sure Start Outreach Team identified their interest in practitioner evaluation in this area.

Health Visitors involvement in Practitioner Evaluation

19. Health Visitors in Bramley reorganised their boundaries to align with the proposed Sure Start boundaries before Sure Start Bramley went live early in 2001. A Bramley Health Visitor who was to become one of the first members of the Outreach Team wrote her graduate dissertation on the processes of change occasioned by this realignment. The evaluators have observed the positive approach taken by the Health Visitor team to the development of Sure Start Bramley – which has been confirmed by the project manager and the Outreach Team.
20. The Health Visitor team offered to be involved in practitioner evaluation of services provided to mothers experiencing post-natal depression at the evaluation seminar in March 2001. A Health Visitor has attended all meetings of the evaluation Steering Group. In the spring of 2001 the Health Visitor team was exploring the use of the Edinburgh Post Natal Depression scale (EPDS). In September 2001 the Health Visiting team agreed to participate in a pilot project to evaluate the impact of Health Visitor support for mothers with post-natal depression using the EPDS (**see Appendix 1**) and a questionnaire developed by the NCRC to explore the social situation of the mothers involved including support available, experience of isolation and types of help required (**see Appendix 2**). The Health Visitor service in Leeds had not decided whether to formally adopt the use of the EPDS. The evaluation was due to start in October 2001, but was delayed partly because the Health Visitor team was not fully staffed at that stage, and partly following referral of the NCRC questionnaire to the Leeds Research Ethics Committee, which confirmed that it could be used as a monitoring tool early in December 2001.
21. Further negotiations were held with the Health Visitor team in January 2002. The initiative was to be called *The Health Visitor Support Project for New Mothers*. The EPDS was amended so that participants could not see, and therefore would not be affected by, scored responses to the questionnaires. The EPDS scale was to be used for both new mothers and mothers with second or subsequent children. The NCRC questionnaire would be completed wherever the Health Visitor, taking account of the EPDS score, considered that the mother needed additional support. Both the EPDS and the NCRC Time 2 Questionnaire would be used again following a period

of additional support, and consideration of other interventions, after a period of 2 – 3 months (time periods would vary). One of the interventions used by Health Visitors is a series of four listening visits.

22. The EPDS and the NCRC Questionnaires are enclosed as appendices to this report (**see Appendices 1 and 2**). EPDS scores can indicate the need for social support or for GP referral, or for referral for specialist intervention. The Bramley Health Visitor team had access to group work support programmes for mothers who may have experienced post-natal depression and to a Day Hospital catering for people with more serious conditions.
23. In March 2002 the Bramley Health Visiting Team learnt that some national bodies, including Sure Start, were questioning the continued use of the Edinburgh Post Natal Depression scale, although Leeds Health Authority was continuing to support its use. Following discussions with the programme manager and the local evaluators, it was decided to continue the pilot phase of the research.
24. The pilot phase is to run until June 2002. Questionnaires will be analysed by the NCRC. After that, it is planned to continue the evaluation project until the end of 2002. Numbers of participants are likely to be fairly small and are dependant on the number of births in the area and the number of mothers requiring additional support.

Comment

25. This busy Health Visitor team has demonstrated its enthusiasm for being involved in practitioner evaluation of services for mothers experiencing post-natal depression. Ideally, the team would have welcomed more training in the use of the EPDS than was available. Results from the evaluation should be available later in the year.

Evaluation of Sure Start Group Work Support

26. The need to provide social support to mothers who were experiencing post-natal depression was identified as an early target by the Outreach Team. Liaison was established with the Health Visitor team and an independent sector consultant was appointed. A local Day Hospital which specialised in treating post-natal depression supported the establishment of a community-based PND group, as discharge was frequently followed by re-referral through absence of support. Referrals were anticipated mainly from Health Visitors and Midwives. The NSPCC's Family Support Service was represented on the planning group.
27. The first group was held for twelve weeks between May and August 2001 and was regularly attended by seven mothers. The participants decided that they would be called Positive Pram Pushers. A second group was held between October 2001 and January 2002, also for seven mothers, although attendance was somewhat less consistent. Funding for the second group was obtained from the Sure Start Parents' Development Fund. Sessions were based in the annexe to the Bramley NSPCC Offices and some refurbishment was funded. A third group started at the end of February, and by the third week nine participants were involved. Creche facilities have been available for each group. Different members of the Outreach Team have supported each group.

Group Work Evaluation

28. An evaluation form to obtain feedback from participants was devised by the planning group and used for the two completed groups. The group's aims are *to offer practical*

and emotional support to mothers who are suffering from post-natal depression, in a safe and confidential environment. Participant ownership was promoted by the group deciding on their own name and structure. Facilitators were drawn from different agencies and had different backgrounds. Group rules were developed by participants.

29. Midway through the first group participants were asked for feedback and two participants responded as follows: (Participant 1) *I look forward to Fridays because of the different activities we do.* (Participant 7) *Fridays are brilliant I look forward to coming. Good for the state of mind – very therapeutic.*
30. Evaluation forms were completed by four participants at the end of the group. All had been referred by Health Visitors. Three of the four participants said that group aims and objectives had been explained; one said this had not happened. All four found the venue easily accessible, and the “professionals” friendly and approachable, and considered that the group made their own decisions. All four said that twelve weeks was not long enough and said that they would ask to be re-referred to the group if they felt the need. All four felt that the group was helpful. Their comments were: (Participant 1)... *I am in the same boat as others; not going mad;* (Participant 3)...*the group gave me confidence and the support I needed;* (Participant 5)...*the group was so enjoyable I don't want to stop;* (Participant 6)... *the group was supportive, friendly and fun.*
31. Three participants did not want the group to change in any way; one of them wanted the group to be longer. Three participants did not want any other activities; one requested *baby massage* and *alternative remedies*. Two participants said at the end of the group that they did not need any further other help. One said *more confidence*; the fourth said *ongoing support*.
32. Asked how they were feeling now, at the end of the programme, one said, *great*; another said *much better*; another said *okay*; and the fourth said *up and down – I am in the process of moving house.*
33. The evaluator (NCRC) participated in one session of the group in July attended by six mothers. Levels of participation were high and the evaluator was struck by the supportive and therapeutic atmosphere. The Sure Start Outreach worker involved commented on the high level of peer support within the group.

Case Study

34. The evaluator interviewed one of the participants (P7) in the group in July 2001.

P7 had a husband and a son aged seven and a daughter aged four. After her daughter was born P7 developed puerperal psychosis. She stopped going out, experienced bulimia, and severe panic attacks and was unable to look after herself. Her husband had to give up work to look after her and the children. P7 was an in-patient at a Mental Hospital. Her husband did not understand her illness at first but his support was invaluable. P7 experienced relaxation therapy, yoga and cognitive therapy as well as drug treatment. She refused to have ECT. Eventually she recovered.

P7 had found the Positive Pram Pushers' group therapeutic. It provided a safe environment for participants to share their feelings, however negative. P7 had been able to share her story. She now spoke with confidence about her experience and enjoyed her children. Previously P7 had been quite materialist in her outlook, but no longer. What mattered were her relationships with her children and her husband. P7 thought that the support women can provide for each other was the best way of preventing post-natal depression.

P7 had completed the first part of an infant massage course and was hoping to be involved in providing a group work programme on this for other mothers.

35. Evaluation forms for the second group were analysed by the independent consultant. All group members were referred by Health Visitors, except one who was referred by Sure Start. Group aims and objectives were explained to all members except one who joined the group several weeks after the start date. All participants agreed that the group venue was easily accessible; that the "professionals" were friendly and approachable; and that the group made their own decisions.
36. Two members of the group wanted better furniture and two wanted a longer course (one of them wanted longer sessions).
37. Suggestions about other areas which the group could cover included:
 - *Self motivation and parenting – how to handle a toddler*
 - *More ideas for coping with young children and anger management*
 - *More group discussion and advice on self help techniques*
 - *Child behaviour management*
38. All group members found the group helpful. Reasons given were:
 - *Support – space and time to yourself*
 - *Good to be with people in the same position as myself*
 - *Look forward to coming every week*
 - *Very well run – supportive workers. Friendships between participants. A reason for getting out of the house at least once a week*
 - *I saw other people*
39. All group members felt that twelve weeks was not long enough and all agreed that they would use a drop-in facility, if one was available.
40. On being asked how they were feeling at the end of the course, participants' responses included:
 - *Okay*
 - *Up and down*

- *Bit better. I have good days and bad days*
- *Today – very well, but the past few weeks have been very difficult with a number of very low days*
- *Better for making the effort to come to the group, but feel the need to continue coming as I really felt the benefits*
- *More positive but nervous that the group is finishing*

41. Answers about any other help and support needed were:

- *To continue going to the group*
- *Getting all the support I need at the moment*

42. All group members said yes, they would be re-referred if they felt the need.

43. The Outreach Team member involved in the second group commented that the age range and backgrounds of participants were diverse. Her impression was that the group had “gelled” rather less well than the first group, but that the group had been effective in meeting the needs of individual participants.

Comment

44. The group facilitators for the two Positive Pram Pushers’ programmes so far completed have demonstrated very positive commitment to obtaining evaluation and feedback from participants. This was on their own initiative, prompted by a wish to develop programmes in the light of experience. Feedback obtained provided confirmation that the programmes had been well received and that the content had met (or exceeded) participants’ expectations. Useful feedback was obtained from the second group about other areas which could be covered on the programme including behaviour and anger management.

Overall Comment

45. Results of an evaluation of Health Visitors’ involvement with mothers using the Edinburgh Post Natal Depression scale and a social context questionnaire are expected later in 2002. Practitioners have obtained useful feedback from group work for mothers experiencing PND using questionnaire formats they devised themselves.

Recommendation

Practitioner evaluation of groupwork with new mothers should continue

IV Outreach Team

Summary

This section includes a description of data sources. The recruitment, establishment and work patterns of the team are described. Interviews with team members are reported covering both individual and project work. Reference is made to the evaluation of nine projects which have been evaluated by the team, and to other projects, including some at the planning stage. Achievements and development issues are highlighted and recommendations are included.

The Outreach Team was identified as a main component in the first year evaluation because the team has played a central role in the promotion and development of Sure Start Bramley in its first year of operation.

Data Sources

46. Data sources have included three meetings with the Outreach Team, in June and July 2001 and February 2002. Individual interviews with team members and the Programme Manager (telephone interview) have been held. The evaluator observed two project groups (Positive Pram Pushers and Infant Massage). The evaluator attended a meeting with parents about the development of child care resources (September 2001) and the Sure Start Bramley Annual Public Meeting (October 2001). The Outreach Team made available documentation about project work undertaken including evaluations of nine completed projects / activities. These data sources cover a slice of the total activities and outputs of the team over the past year.

Getting Started

47. The structure for the Outreach Team was confirmed prior to the appointment of the Programme Manager in November 2000. Four full time posts were established with lead roles for Health; Play; Black / Ethnic Minorities and Special Needs, and Family Support. The response to advertisements for the Outreach Team posts was substantial. An interesting feature of the appointment process was that a parent director, as well as the programme manager, was a member of the appointment panels for all the staff. The five staff appointed were all female. The programme manager had prioritised the appointment of a male worker; unfortunately, this did not prove feasible.
48. The Health Worker had been a member of the Health Visitor team in Bramley and had had research experience and had been involved in devising the Sure Start Bramley bid. The Black / Ethnic Minorities and Special Needs worker had extensive nursing experience, as well as experience in black mental health issues and children with special needs, and local knowledge of the area. The Play Worker's background was in Early Years services and Nursery Education and she possessed Nursery Nurse qualifications. The Family Support post was filled by appointing two local residents on a job-share basis, who competed successfully against applicants with professional experience. Both of them had lived in Bramley for many years and

brought up their children there. One had completed a degree in community studies and one had a counselling qualification.

49. Initially, the Sure Start area was sub-divided into two, with Outreach staff covering the two areas separately. This was reviewed after a short period and it was decided that all staff members would cover the whole area. The specialist designations of the postholders have been modified and all members of the team provide a generic service, but are encouraged to use each other's specialist knowledge. All five members of the Outreach Team have been allocated lead roles for project development work. The Programme Manager has resisted allocating these roles by reference to previous specialisms. She has developed a supervision policy and has provided monthly supervision prioritising individual and project work, child protection issues, personal development and training plans. The Programme Manager described the structure of the Outreach Team as equal and non-hierarchical. The Programme Manager has put a premium on an empowerment model designed to afford high levels of autonomy for project workers. One example was that a team member developed a format for project proposals, which was then adopted by the team: a bottom up approach. The team has been encouraged to place a premium on evaluation and feedback (see **Appendix 5**).
50. The Programme Manager considered that first year outputs from the team had been impressive. She considered that the balance between professional and community experience in the team had worked well. The period from March – December 2001 had been a settling in period. Quarterly plans, costed proposals and budgets had been put in place. Plans for the new financial year (April 2002) include the appointment of a fifth Outreach Team member with the title of Parent Information Officer. The post would have responsibility for identifying needs and would be filled by a local parent. A volunteer project would be prioritised if resources (i.e. money and time) could be identified. There were plans also to appoint four permanent part time creche workers to support the activities of the Outreach Team. A new post of Deputy Programme Manager was being advertised (February 2002) which would take some responsibility for the Outreach Team.

Sure Start / New Start / New Work

51. For all members of the team, Sure Start was a new experience. The Programme Manager described having to devise new policies to cover all aspects of the project's work, with little guidance. Members of the Outreach Team had to integrate their previous experience into completely new roles for which there were no blueprints.
52. From the outset the team focused on how referrals were received and how work priorities were negotiated. The team was clear that all work had to be related to Sure Start objectives and all direct work had to start with children under four. Sure Start was to respond to needs identified by the community and to meet demands from parents where these were consonant with Sure Start's objectives.
53. The team developed a framework for handling project proposals which included the following elements:
- Proposal / feasibility assessment
 - Community Consultation
 - Approval by Sure Start management locally
 - Planning phase (consultation with agencies / developing protocols / guidelines)

- Work / implementation phase
- Evaluation

54. This model incorporates Sure Start objectives, community and agency consultation, accountability, planning, implementation and evaluation and has provided a valuable point of reference to shape programme activities.

Accommodation and Teamwork

55. The Outreach Team has been based in a small room at the front of Spurgeon's Family Centre building in Bramley, half a mile from the NSPCC buildings in Leeds Road where the Sure Start Programme Manager and Administrator are based. The office contains desks, computers, play equipment and filing cabinets and is a bustling and overcrowded centre of activity. When all team members are present both movement and sitting down present difficulties. The telephone rings constantly and there is a steady stream of parents and other visitors. In spite of the clearly visible constraints posed by the working environment, in February 2002 all the five team members rated team working as either high or very high. All team members had taken on a wide range of responsibilities, including one-to-one work, project work, developing proposals, word processing and IT outputs and budgeting. Individual team members were clearly identified by their colleagues as being resource people for child care issues and for health issues. Team roles, such as initiator, stabiliser, practical resource person, and completer / finisher were identified within the team group, with team members able to play a number of different roles. Team members commented that in spite of the overcrowding, morale had been high and sickness levels had been low.

56. However, the accommodation has posed difficulties. Suitable meeting rooms could not always be found and the team had no private interview facilities for families when these were needed. There were instances when parents had become dependant on support from members of the team and constant interruptions could be wearing. Plans for more suitable accommodation have been under consideration throughout most of the last year. By the end of February 2002 premises had been identified in Bramley to be developed for all Sure Start staff, including the Outreach Team. Separately, Sure Start is exploring the possibility of renting a shop in the Bramley shopping area to be used as a base for drop-in activities for the Outreach Team, for Health Visitors and possibly for linked agencies such as Home Start and the Lone Parent Adviser.

Inter Agency Contacts

57. The Outreach Team has described contacts with the Bramley Health Visitor Team as very positive. Health Visitors have been a prime source of referrals to the team, for example for mothers experiencing post-natal depression. Health Visitors have made positive contributions to project initiatives (such as Positive Pram Pushers) and have supported Outreach Team activities (for example the Sure Start launch). The team have continued to work at consolidating relations locally with Leeds Social Services, recognising the resource pressures experienced by the department, and the complexity of child protection issues which have arisen in cases supported by the Outreach Team. Contacts with the Early Years Service have been maintained by the Programme Manager. The Outreach Team was enthusiastic about liaison with the Leisure Services including establishing positive contact with the local swimming pool: take-up of sessions for toddlers had increased, and new aerobics, yoga and stress management sessions had taken place. Sure Start and the Outreach Team had also

attempted to liaise with local Library Services, but results here had been more mixed (see **Appendix 5**).

58. There were examples of liaison and joint work with the NSPCC Family Support Service, including shared involvement in the Positive Pram Pushers group, and there were plans for joint work on parenting programmes. The Team had maintained contact with BARCA, a Bramley based voluntary organisation providing a range of services including support to teenage parents and people using drugs or alcohol. BARCA had experienced a number of staff and management changes but would remain a significant service provider in the area. The Team was aware that some local voluntary organisations may have felt somewhat threatened by the development of Sure Start.

Large Scale Initiatives

59. The evaluators' contact with the Outreach Team post-dated the launch of Sure Start Bramley in May 2001. This was described by team members as a large scale, colourful and very well attended event which attracted positive local publicity. The Outreach Team played a key role in the launch which raised Sure Start's profile with the local community and the team expressed their pleasure were with the diverse cultural contributions on display. The Team organised a Summer Activities Programme including well-attended events such as the Teddy Bears' Picnic. The Team also helped to organise the Annual Public Meeting in October in which local children and parents took part; and they organised half term (October) and Christmas events which maintained Sure Start's positive profile. Although these events have not been a specific focus of the evaluation, they have provided evidence of the team's involvement in community events, and of the Team's ability to use these events to make positive links with members of the community, with opportunities for involvement in targeted Sure Start projects.

Child Care Developments

60. Child care resources started from a low baseline when the Outreach Team was established. There were only a small handful of child minders in Bramley and very few private day care places. An Early Years Centre in Hough Lane had twenty five places and was due to become a Neighbourhood Nursery with fifty places. Throughout the first year of the work of the Outreach Team plans were being developed for an Early Years / Community Centre on the Fairfield Estate. Local parents influenced the design of the building and were involved in consultation meetings with the contractors. The development and funding of child care resources has been a major priority for Sure Start Bramley. The planning and consultation workload involved impacted significantly on the Outreach Team, particularly on the team member with lead child care responsibilities.

Perceptions of Sure Start

61. The Outreach Team members were asked what they understood to be parents' perceptions of Sure Start. The evaluators were advised that some parents see Sure Start as a free service. Other see Sure Start as a service just for the Fairfield Estate, and some better off parents think that Sure Start is not for them. Other parents welcome opportunities for new contacts and friendships, but tend not to acknowledge Sure Start's official role. Feedback received by the Outreach Team has been very positive (see **Appendix 5**). The evaluators also heard comments that Sure Start was perceived as a service for women, not readily accessible to men (see **Overview** section below).

62. Wider community perceptions of Sure Start could usefully be investigated further and are to be the focus of evaluative activity in the next year (see section on *Conclusions and Evaluation Priorities for 2002*) below.

Hard to Reach Families

63. The Outreach Team was aware of the danger of their activities being monopolised by a group of families who might be particularly keen to “sign up” to join in Sure Start projects. However, the team had found that new parents had been recruited as new programmes had come on stream, and new contacts had been made through the use of a Health Bus to advertise activities. Hard to reach families will continue to be a priority area for the coming year. The Programme Manager was also aware of the risk of Sure Start providing intensive support for a smaller number of families, an issue highlighted by the national director of Sure Start when she attended the Sure Start Bramley Annual Public Meeting in October 2001. The Programme Manager reported that there had been some problems in identifying post codes for parents with children under four. Sure Start had now identified the one thousand or so addresses for these families. Targeted door-knocking and coffee mornings were planned, and a number of parents have indicated their willingness to be on the Sure Start mailing list.

One To One Work

64. All members of the Outreach Team have undertaken one to one work with referred families throughout the first year. Case loads were typically between four and eight families and involvement could continue over several months. One to one work has constituted a main element of the Outreach Team’s workload. Illustrations of work undertaken by each of the Outreach Team members are provided in **Appendix 4**.
65. The brief case studies summarised in **Appendix 4**, and others described by the Team to the evaluator, indicate that the workers were supporting families with a wide range of needs. Most one to one work was between mothers (and children) and female Outreach Team staff. Team members had succeeded in developing trusting relationships with clients and had put a premium on confidentiality and observation of professional boundaries. Other agency and professional roles were respected and the Team appeared to be providing an additional dimension of support which complemented the role of the statutory services. The work involved, new to some Team members, required careful supervision.

Comment

66. The evaluators consider that the initiative taken by the Team to develop one to one support has been appropriate; and that there is scope for this to continue. This should be done in the context of Sure Start’s strategic responsibilities for developing family support work, ensuring best use of time and maximising the contributions of all agencies involved, including Home Start.

Project Work

67. All five members of the Outreach Team have been involved in a number of project development initiatives. Several of these were major pieces of work. Examples include parenting programmes; Positive Pram Pushers (see Section 3 above), infant

massage, yoga, healthy eating and first aid. During the first year the Team constantly developed new projects, responding to community needs.

68. Members of the Outreach Team, encouraged by the Programme Manager, put a premium on project evaluation and feedback from participants and service users. The evaluator was provided with project evaluation data by all team members. This material is summarised in **Appendix 5**.
69. The evaluations of completed project activity described in **Appendix 5** provide clear evidence about progress achieved, and they have positively influenced the Team's development plans. It is stressed that these evaluations have been undertaken on the initiative of team members. They are an example of excellent practice.

New Projects

70. The Outreach Team has planned a weekly **Young Parents' Group** starting at the end of February 2002 offering a range of activities including Infant Massage, Hair and Beauty Care and IT Skills. The choice of activities was to be decided by the group. Parents under twenty with a child under four would be eligible. Planning documents linked the group to National Sure Start Objective 2: *Improving health, in particular by supporting parents in caring for their children and promoting healthy development before and after birth*. The group was also linked to Sure Start's local objective to target pregnant teenage mothers and fathers. This new initiative had been planned to develop services for this group of mothers whose needs had previously been catered for, to some extent, under the auspices of a local voluntary organisation. The Outreach workers planned to appoint two creche workers to support the activity. Plans included liaison with Sure Start Plus, a city-wide initiative for teenage parents.
71. A new **Monday Club** to be based at Bramley Family Support, Hough Lane was due to start at the beginning of March, open to all parents with children under four. This project is linked to Sure Start National Objective 4: *Strengthening families and communities*. The group will provide opportunities to share experiences and meet new friends. Parents would be able to decide discussion topics and activities. The facilitators highlighted opportunities for Infant Massage, Aromatherapy / Reflexology, Cookery demonstrations, Using parents' talents, Arts and Crafts, Hair and Beauty demonstrations and Stress Management. The intention was that the group would be taken over by parents with Sure Start support as required. The programme would cost 75p per session and toys and games would be available for children.
72. The Outreach Team were advertising the facilities of staff and parents trained in **Smoking Cessation** with posters headed:

**WANTED
SMOKERS!**

This was linked to Sure Start's local target of achieving a 4% reduction in parents' smoking in the first two years of a child's life (the National Sure Start target from October 2001 is to achieve a 10% reduction in numbers who smoke during pregnancy in Sure Start areas by 2004). This is an early stage initiative aiming to

address an issue where take-up by parents in Sure Start areas seems to have been low.

73. The evaluator has had access to a full range of **promotional material** produced by the Outreach Team. The Team has used its IT skills to produce high quality and colourful display material. The evaluator has also been provided with copies of planning documents and minutes of meetings recording behind the scenes work involved in developing projects. There is substantial evidence that a high standard of recording and document presentation has been achieved.
74. A recent development (February 2002) had involved a member of the team liaising with the **speech therapist** who is contracted one day a week to work for Sure Start. Birthday events are being arranged in Bramley Library for all two-year olds in the Sure Start area on a rolling programme. The first had attracted twenty six two-year olds and parents and had provided an opportunity for distributing information about speech development and identifying where intervention was appropriate.
75. Additionally, new **parent / toddler initiatives** were being planned. Liaison with Leisure Services had promoted initiatives involving use of a Hydrotherapy pool, and ante-natal aqua- aerobic and post-natal swimming sessions. The two Outreach Team members with nursing backgrounds had obtained qualifications in smoking cessation.

Development Issues

Conclusions and priorities for 2002

Team members had taken advantage of learning opportunities that had been available to them. The Health Visitor member of the team had recently undertaken a degree in Healthcare Studies exploring the experiences of Health Visitors reconfiguring their service in the Sure Start Bramley area. Key factors in reconfiguring the service included positive experience of self management, positive internal relationships and collaboration with other agencies. Team members recognised the learning which they had achieved from each other. One team member described the learning curve involved in preparing budgets, spreadsheets and forward plans. She also acknowledged learning about handling demanding families who could become over-dependant and disruptive.

76. Some concerns were noted alongside the overwhelmingly positive trend of the team's development work. One team member was aware of homophobic prejudices (in relation to lesbian women) in the Sure Start area. The evaluator heard from the Team that its close links to the local community could raise issues, for example about handling confidentiality. The equal structure of the team could be perceived as obscuring differences in levels of experience which had implications for accountability and supervision structures. Adjusting to Sure Start's conditions of service, less favourable in some respects than mainstream services, had also presented difficulties.
77. Developments in the Outreach Team have proceeded at a pace over the past year. Time will be needed for consolidation. The evaluators consider that forums will be

needed for the Team to explore developmental issues and points of tension that may emerge after a period of rapid growth.

78. Progress achieved in establishing the Sure Start Bramley Outreach Team in its first year of operations has been substantial. A staff team with a blend of professional and local experience has been assembled. The Team has established protocols for the approval of initiatives linked to Sure Start objectives and involving community consultation. Skills have been developed in formulating costed project proposals based on widespread consultations, including consultations with local and national organisations. There is a mix of one to one and project work. There is a strong commitment to evaluation and feedback.
79. Priorities for the coming year include further work in harnessing community involvement; development work involving fathers and male carers all levels in Sure Start's activities; and development work targeted at hard to reach families. Opportunities may be identified for involving members of the local community in evaluating Sure Start activities.

Other priorities include:

- Obtaining new accommodation, involving relocation and identifying space for private interviews and changes in work practices;
- The appointment of new staff including a Parent Information Officer and creche workers;
- The development of volunteer activities;
- Ensuring that forums are available for discussion of professional concerns and exploring points of tension

Recommendations

- ***The Team's commitment to project work meeting local needs should continue***
- ***Consideration is recommended on how to develop strategic links between the Team's one to one support work and other Family Support Services, for example Home Start***
- ***The Team has developed at a pace and consideration should be given to what kind of forums will enable the team to best explore developmental issues and points of tension that may emerge after a period of rapid growth***

V Evaluation of Family Support

Summary

This section summarises interviews by the evaluation team with service users involved with the Family Support Team, and includes comments and recommendations on practice issues.

82. An evaluation of the family support programme run by the National Society for the Prevention of Cruelty to Children (NSPCC) was requested by the managers involved. In particular, managers were concerned to ascertain service users' perspectives of the services provided.

Outline of the programme

83. Whilst family support activities are carried out in a range of settings within Sure Start, a specific structured programme is run by one of the partner agencies, the National Society for the Prevention of Cruelty to Children (NSPCC). The NSPCC team comprises 3 full time and 2 part time workers who are all nursery nurse trained. Under the terms of the Service Level Agreement between the NSPCC and Sure Start, 30 families a year will be provided with a family support service.
84. The service is targeted at children defined as 'in need' under the Children Act (1989) and in particular at those children who are deemed to be in need of protection. There is a particular interest within the team in working with families containing children with difficult behaviours. The work with families is structured to provide an initial contract for three months which is then reviewed and can be extended to six months. After six months the feasibility of further involvement is reviewed and the key criterion is whether any change has been achieved.
85. The work is based on an underlying belief in the importance of working alongside parents. No one parenting programme is adhered to and individualised programmes are developed to meet the needs of each family.

Evaluation

86. As an initial step an interview schedule was drawn up by one of the evaluation team (**see Appendix 1**). This was refined further in the light of consultation with the managers involved. The service manager then contacted a number of families to ascertain whether they would agree to be interviewed and the names of four families were forwarded to the researcher. However, it proved impossible to contact one of these families and ultimately three were interviewed
87. Each family was interviewed once by the same interviewer. Two interviews were conducted with mothers solely, and one with a mother with limited input from her mother who had also been involved with the programme. All carers interviewed were white of UK origin. In one case the father or father figure was not involved with the family and it was therefore not appropriate to interview him. In another the father was the alleged perpetrator of the sexual abuse suffered by the child and there was no current contact. There was another father involved here but he had not been involved in the work. In one case where the father/father figure was resident and there appeared to be some involvement with the programme, he was at work when the interview occurred. His views of the programme were alluded to by the mother. This

is considered further below. No children were interviewed. In one case the children were present but were judged by the researcher to be too young to contribute. In the other two cases, the children were at school when the interview took place.

Comment:

It is important that interviews are conducted with as many members of the family as possible. It is particularly important to obtain and it is also important to begin to redress the tendency of relying on mothers for research purposes and to ascertain the views of fathers/father figures. However, it proved difficult to organise the limited number of interviews which were conducted and consideration needs to be given to the resource issues involved in broadening out the interview process. In particular, it would appear desirable that separate spaces are provided outside the family home for different family members to be interviewed particularly when such interviews are taking place at times where the family are back from school and/or work. All these interviews took place during the day thus ensuring some privacy although with one, a number of friends were present with the respondent's permission throughout the interview.

88. All respondents were given an information sheet about the project and a consent form which all agreed to sign (see Appendix 1). One respondent expressed concerns about confidentiality. It was explained that whilst no names or identifying features would be used, due to the small numbers involved, it might be hard to completely avoid identifications being made. She agreed to continue. The following section is written in a way which minimises the chances of identifying participants.

Outline of findings from interviews

89. The preliminary findings are based on interviews with carers in three families only. They should be treated with caution and are perhaps best used as hypotheses to be tested out in future research.

Referral and initial contact

90. The three families were referred by professionals rather than self referred. All wanted the referral to be made although two had concerns about being referred to the NSPCC. One said there is an impression of the NSPCC as 'interfering' and another was worried that 'her children would be taken away'
91. The first meeting after referral seemed to happen in about a week although respondents could not remember exactly. They did not feel there had been undue delay between referral and the first response from the NSPCC.
92. Service User 1 felt positive about the first meeting. She had been suspicious about the NSPCC and this meeting helped to give her a sense that she had some control and could terminate involvement there and then if she was not happy. She was not sure at that first meeting exactly what was being proposed but liked the tone of the workers. The child who was to be the main focus of the work was not at the first meeting, although he was talked to soon after.

93. Service User 2 did feel that although the structure of the involvement was explained to her, that is that the child would be worked with weekly, she had not realised that the work would be done through play. She also found it hard at that first meeting because the children were in the room and she felt that the workers were only partially listening to her. She felt that this improved as time went on.
94. Service User 3 felt matters including involvement and the complaints process were explained very clearly and she understood what was going to happen.
95. Two of the Service Users were given a booklet including complaints procedures. Service User 1 could not remember receiving one of these.

Comment

The three families were referred by professionals although they were in agreement with the referral. The NSPCC workers were however intervening on the basis of concerns identified in the main by professionals. The first meeting with the family seems crucial in order to clarify what the family wants from the work and what their views are. Differing family members should be consulted with fully in this process. There would appear to be much to be done in the first meeting: clarifying concerns, explaining how the NSPCC works, in particular the review process, and sorting out practicalities. In circumstances where there is suspicion about the NSPCC and/or a lot of distress around it is perhaps not feasible to cover everything in one meeting.

Work undertaken

96. A mix of work was undertaken which fits with the NSPCC approach.

Case No 1

With one family, the work appeared focussed on the child although the mother was also visited weekly and felt able to raise her worries generally as well as issues in relation to her child. Initially, the father was not engaged with the Family Support Service but after six or seven months the worker started visiting when he was around and he became more involved. The work, from the mother's perspective, appeared to have been extremely successful. The child's behaviour, which was the reason for referral, has improved considerably and this has had a very positive impact upon the whole family. Mother felt listened to for herself and supported. Before that she had felt very on her own. She also felt the atmosphere had changed in the home. Her husband had been very wary of NSPCC involvement but had slowly become engaged by the workers. His initial distrust was modified particularly by the tangible improvements in the child's behaviour. He is now much more involved with the children than previously although his participation appeared to increase after the workers had withdrawn. *'Maybe he felt daft when they were involved'* (quote from mother).

Case No 2

Case No 2 was complex in that mother and her two children appeared to move backwards and forwards in terms of residence, with grandmother sometimes taking on the caring role for the children on her own. Mother asked for counselling for both her children though her main concern was for one child who had been sexually

abused by his father. There were sessions for the children and for mother and grandmother weekly.

Work lasted for six months and the child's feelings began to be expressed, which was what mother wanted. The worker was the only person he talked to and since the work has finished, the mother feels that the child's behaviour has got worse.

The main view from mother and grandmother was that the work finished '*too soon*'. Mother said at the six month review that she wanted it to go on but this did not happen although she was told she could make telephone contact with the project, if she needed to and she has done so.

Both carers felt that children had been moved back from grandmother to mother's care too quickly. Mother and grandmother did not feel supported. The mother was offered individual sessions but did not like going to the NSPCC office and did not feel the worker was trained to work with adults.

Case No 3

This case concerned a mother who was experiencing difficulties in relating to her child and in coping with her child's behaviour.

The work here became disrupted quite quickly by the illness of the worker whom the mother liked very much. Mother did not engage with the replacement worker. She felt the worker 'patronised' her.

This mother also felt the work ended too quickly particularly given that it had been disrupted. It was mainly the mother who was worked with in this case. The young person whom mother perceived as having behavioural problems was not seen by anyone on her own. All the family did go and see the replacement worker together.

Mother felt that her child needed individual help. There was no proper ending review as far as she could remember. She felt 'nothing has changed' as a result of the intervention. The child's behaviour is still difficult and the relationship between mother and child is very problematic. Mother got a lot out of the one to one work with the worker who became ill but that relationship was disrupted.

Endings

97. In two cases the adult carers felt the work ended too soon and this seemed to colour their overall views on the work undertaken. From the limited evidence available there seems to be an inconsistency and a possible lack of equity in the length of interventions offered to families. The work in Case 1 went on for a year and appeared to have resulted in a very positive outcome at least as reported by the mother. It was not clear to the researcher why the work in the other two cases was discontinued when the carers involved did not wish this to happen. Most importantly, they did not appear clear about why it was discontinued

Comments overall

98. One case (Case No 1) would appear from the evidence to have resulted in very positive outcomes. The entire intervention from beginning to end was highly valued by the mother interviewed. Her account would indicate that not only did she feel supported but there had been a considerable improvement in the child's behaviour. Furthermore, the father appeared to be successfully engaged with. The workers

here appeared to work with mother, father and child in ways which met their individual needs.

Case No 2 expressed satisfaction with the work carried out with her child but would have wished it to go on longer and both she and her mother felt they did not receive enough support in their own right.

In Case No 3 the length of the intervention was also a cause for concern but this was interlinked with concerns about content and process. The child was not worked with separately and the mother did not feel she herself established a good working relationship with the replacement worker. She also felt the child should have been worked with and it does seem puzzling that this did not happen, given that the child in Case 1 did receive individual work.

In Case No 3 the mother did not raise her concerns about the replacement worker with any other member of the NSPCC and did not appear aware that that was an option open to her. No other options in terms of services appear to have been presented to her although she would meet the criteria for involvement by other services within Sure Start.

Recommendations overall:

There is a need for further evaluation of service users' views with a broader sample to test out the hypotheses developed from these three sets of interviews. The service provided should also encompass a broader spread of views within families, crucially those of children. Resources will need to be allocated in order to do this appropriately.

The findings indicate that it might be useful for the NSPCC to consider whether the Family Support Team's first contact should be more staged and take place over two sessions in order to negotiate a working partnership, and to give time to all concerned to air their views and clarify concerns.

These findings also direct attention to the need for continuing to revisit the criteria for when work should end. Attention should be paid to ensuring that families are clear about why work is not being continued and, where appropriate, alternative services should be offered. If there are mechanisms for requesting a change of worker they need to be communicated to families. If these mechanisms do not exist, practice in this area could usefully be reviewed.

VI OVERVIEW OF SURE START BRAMLEY

Summary

This section reports the views of a range of key people involved in the programme about priority issues and challenges. Comments and recommendations from the evaluation follow.

99. The views of the Programme Manager, Administration Manager, the former Chairperson of the Board, a Parent Trustee and the supervisor of the Programme Manager were ascertained in order to obtain an overview of: the key achievements of Sure Start since their individual involvement, the key tasks for the programme; and the obstacles which might impede successful completion. The parent trustee was asked specific questions about parental involvement. It became clear that these questions should have been asked from all respondents and subsequent respondents were asked about parental involvement.
99. Views were elicited in a number of ways. Three responded to a series of questions by email; they were encouraged to use the opportunity to comment as fully as possible and not restrict themselves to responding to the questions set. One was interviewed in person and one by telephone.
100. One person expressed strong concerns about confidentiality. This is hard to guarantee where the views of a small number of people are being researched and where individuals hold clearly specified roles. However, this section has been written in a way which hopefully minimises the risk of individuals being identified.

This overview concentrates on the key tasks identified currently, key tasks for the next year, and the obstacles to completion of the tasks and issues in relation to parental involvement. There is some overlap in between these areas.

Key tasks currently- three people answered this

The following responses were obtained:

- Get a building
- Promote the activities of Sure Start
- Increase and develop parent representation
- Reviewing where we're up to
- Strategic review needs devising by the Board
- Appoint the Deputy Programme Manager
- Develop services for young men/fathers
- Target special needs families- disability, ethnicity

Comment

There is considerable diversity in terms of the answers from respondents.

Key tasks for the next year- five people answered

- Building plans – nursery office base
- Contacting wider base
- Work with fathers- (2 responded)
- More parent involvement
- Consolidation and Development in the light of the revised delivery plan
- Appointment of a deputy programme manager
- Education and Training for parents
- A building on the Fairfield Estate as a community resource
- Proper agenda in relation to mainstreaming
- Involving parents needs much bigger priority- developing parental capacity at all levels
- Monitoring services
- Get all Sure Start workers into same building
- Sort out data gathering
- Concentrate on core Sure Start targets rather than issues which are not a Sure Start priority such as domestic violence

Comment

Again there was considerable diversity although there was overlap in relation to working with fathers with two respondents mentioning this specifically here. A number of responses were concerned with increasing parental involvement and capacity. Data gathering and monitoring are also areas of overlap.

Obstacles to achieving these tasks

101. It was felt that a key difficulty generally with Sure Start is that the infrastructure is being developed at the same time as services are being developed. This was mentioned by four respondents. This results in burdens for everyone most notably at the management and administrative level. Furthermore, the people involved do not share the same levels of experience in terms of the issues involved, for example, in staff recruitment.
102. Obstacles to mainstreaming sessions developed by Sure Start were that each agency had its own agenda and constraints, although it was felt by the respondent who mentioned this that this was to be expected and reflected tensions at a national as well as a local level.
103. One respondent who was concerned with increasing the involvement of parents and fathers and building a community resource felt there is a perception in at least some parts of the community that Sure Start is 'anti- men'. This was because, according to this respondent, there was a focussing on domestic violence and a neglect of issues such as helping men to deal with fatherhood. One other respondent also mentioned that there was too much of a focus on domestic violence.
104. One respondent who felt that a building was really important as a proper community resource mentioned the need to overcome prejudices about locating resources on the Fairfield estate.

105. Another obstacle to developing parental involvement specifically and Sure Start more generally, identified by two respondents, was to do with process issues. They did not consider that those involved, whether they were staff or parents, felt equally valued and part of the team. They felt the role of the programme manager was crucial here in terms of facilitating a positive culture.

Parental involvement

106. There seemed to be a consensus that more needed to be done to increase both the numbers of parents involved and their level of involvement. Different ideas in terms of what could be done emerged. These included:
- A team of volunteer parents to shadow the outreach team.
 - A parent's forum on a more formal basis could be set up as currently it is on an ad-hoc basis.
 - '*Parents could be treated with more respect*'. (This was a comment from one of the respondents concerned with process issues as identified above).

Other issues to emerge

107. A number of respondents made reference to the difficulties posed by national agendas. One noted, for example, that a revised delivery plan, sorting out building deadlines and responding to a national evaluation questionnaire were all tasks requiring attention within the same working month. Furthermore, there was still no feedback on the delivery plan five months after it had been sent to the Sure Start unit. On the positive side at least two respondents mentioned that the outreach work had been key in raising the profile of Sure Start in Bramley. Furthermore, new staffing developments such as the appointment of a Deputy Programme Manager would, it was felt, ease managerial and administrative burdens. The partnership infrastructure in terms of agency involvement and mechanisms for dealing with differences between the agencies were generally felt to be working well.

Comments overall

108. The complexity of developing a local Sure Start project appears mirrored in respondents' often very diverse replies. Inevitably there are a range of agendas and those involved hold perspectives which are linked to their respective positions/identities. For example, those who identify primarily as local parents may well see the world differently from the manager of a specific service within Sure Start. One respondent expressed a strong awareness of this in terms of how mainstream agencies might respond to Sure Start in that they would operate from their different perspectives.
109. However, even for those who see their identities as primarily bound up with Sure Start Bramley, there may be differing views on priorities and this emerged from this brief overview. There will also, inevitably, be local differences in terms of where resources should be situated. For example, one respondent mentioned prejudices in relation to the Fairfield estate. Whilst this was not an issue raised by any other respondent, it is apparent to the evaluation team from their ongoing contacts that there are different views within Sure Start about how resources should be allocated locally. Ongoing attention is required to build and sustain working partnerships particularly when they are as diverse as those involved in Sure Start. Diversity is to be expected and it is how this is addressed which is of importance.

110. The issue of domestic violence emerged as a focus of concern for a number of respondents. Work around violence and abuse generally particularly in community settings opens up difficult issues for all concerned. The content of the work raises troubling questions about relationships between men and women, and between adults and children and such questions are raised for all of us, workers, service users, evaluators and so on. When such work is done in a community setting it can be difficult to ensure that space is allowed for people generally to deal with the complexities of their feelings and reactions.
111. Some analyses of domestic violence do encourage approaches which portray all men either as problems or as potential problems, and therefore it is difficult for workers and services to develop positive approaches to men in general. However, even where such approaches are not adopted by projects, the very content of the work can make men and indeed women feel defensive and attacked. The project may be seen as 'anti-male' by men and women alike just because it raises issues around violence and abuse generally. There are therefore likely to be tensions which need acknowledging for projects which are tackling domestic violence and trying to get men/fathers involved with their services. It is not surprising that such tensions are emerging in Bramley.
112. Given the ubiquity of domestic violence and the adverse impact it has upon children, Sure Start projects do need to address domestic violence and Sure Start Bramley is to be commended for recognising this as an issue.
113. However, it would appear that there is a need for discussion and an honest sharing of fears and views in this area. Consideration should be given to providing services not just for the victims of domestic violence but also for those who wish to tackle their own violent behaviour so that a holistic approach to the issue is developed. This realistically means engaging with men including men for whom violence is an issue. This is complex work, the more so when it is combined with an overall Sure Start approach which recognises that fathers and male carers can make a very positive contribution to children's welfare.
114. One respondent was concerned with moving on to a mainstreaming agenda and encouraging local agencies to take on Sure Start approaches and perspectives. However, the majority of respondents were concerned that Sure Start itself still had a considerable amount of work to do to establish its own identity and working practices. Not only are there differences in priorities but people are also working to different time scales. This is to be expected, however, given the complexity of the issues being tackled by Sure Start Programmes.
115. Finally, facilitating and acknowledging parental involvement in ongoing work would appear to require some attention. It would appear that parents already involved with Sure Start may not always feel valued and this is an issue which deserves attention.

Recommendations

There would appear to be a need for the management board to take a lead in reviewing priorities and in ensuring ownership of priorities by the partnership. Discussions should ensure that there is time and space for fears and concerns to be raised and for discussions about not just 'what' is to be done but 'how' it is to be done. This means devoting attention to both content and process issues. The board needs to ensure that partnership practices flourish and that

all involved at Sure Start, particularly parents, feel able to make a contribution and are valued.

A key aspect of the discussion on priorities involves exploration of the work on domestic violence. Advice could usefully be sought from any other Sure Start project which is tackling this area of work. The work needs integrating into the development work which is being planned with fathers and male carers.

VII Conclusions and Next Steps for the Evaluation

116. The shape of the evaluation described in this report was considered at the Evaluation Seminar in March 2001 and agreed by the Evaluation Steering Group. A start has been made in developing practitioner evaluation by the Bramley Health Visitors. This report has reviewed the work of the Outreach Team which has developed mechanisms for user feedback and evaluation. This report comments on and makes recommendations about the work of the Family Support Team. The overview section considers priority issues to be addressed by the Sure Start Management Board.
117. The Evaluation Steering Group has considered issues to be tackled in the year starting in April 2002. Further evaluation of the Family Support Team is planned. Funding has been identified for the evaluation team to carry out development work on the role of fathers and male carers in Sure Start Bramley; and funding is also available to involve community representatives in an evaluation of the impact of Sure Start on the local community. The evaluation team is also planning to respond to an increased emphasis on value for money and cost benefit analysis which are being prioritised by Sure Start nationally. The evaluation Steering Group is considering holding a further evaluation seminar to assess the impact of Sure Start Bramley later this year.

VIII Recommendations

Management Information

- (i) ***Sure Start Bramley should establish a computerised management information system as soon as possible.***

Evaluation

- (ii) ***Priorities for the focus of future evaluation activity should be kept under review; and the methodology used should be adapted appropriately.***
- (iii) ***Practitioner evaluation of groupwork with new mothers should continue.***

Outreach Team

- (iv) ***The Team's commitment to project work meeting local needs should continue.***
- (v) ***Sure Start Bramley should consider how to develop strategic links between the Outreach Team's one to one work and other Family Support Services, for example Home Start.***
- (vi) ***Consideration should be given to what kind of forums will enable the Outreach Team to best explore developmental issues and points of tension that may emerge after a period of rapid growth.***

Family Support Team

- (vii) ***There is a need for further evaluation of service users' views with a broader sample to test out the hypotheses developed from recent interviews. The service provided should also encompass a broader spread of views within families, crucially those of children. Resources will need to be allocated in order to do this appropriately.***
- (viii) ***The findings indicate that it might be useful for the NSPCC to consider whether the Family Support Team's first contact should be more staged and take place over two sessions in order to negotiate a working partnership, and to give time to all concerned to air their views and clarify concerns.***
- (ix) ***These findings also direct attention to the need for continuing to revisit the criteria for when work should end. Attention should be paid to ensuring that families are clear about why work is not being continued and, where appropriate, alternative services should be offered. If there are mechanisms for requesting a change of worker they need to be communicated to families. If these mechanisms do not exist practice in this area could usefully be reviewed.***

Overview

- (x) There would appear to be a need for the management board to take a lead in reviewing priorities and in ensuring ownership of priorities by the partnership. Discussions should ensure that there is time and space for fears and concerns to be raised and for discussions about not just 'what' is to be done but 'how' it is to be done. This means devoting attention to both content and process issues. The board needs to ensure that partnership practices flourish and that all involved in Sure Start, particularly parents, feel able to make a contribution and are valued.**
- (xi) A key aspect of the discussion on priorities involves exploration of the work on domestic violence. Advice could usefully be sought from any other Sure Start project which is tackling this area of work. The work needs integrating into the development work which is being planned with fathers and male carers.**

Appendix 1

**EDINBURGH POST NATAL DEPRESSION SCALE
Sure Start Bramley Support Project for New Mothers**

| | | | Baby's age (weeks) | Date completed |
|-----------------------|--|----|--------------------|----------------|
| Case Number | | T1 | | |
| Mother's age | | T2 | | |
| Mother's ethnicity | | T3 | | |
| Health Visitor Number | | T4 | | |

Parity 1 (please tick appropriate box)

Parity 2+

As you have recently had a baby, we would like to know how you are feeling now. Please TICK the answer which comes closest to how you have felt IN THE PAST WEEK, not just how you feel today _____

Here is an example, already completed.

I have felt happy :

- Yes, all the time
- Yes most of the time
- No, not very often
- No, not at all

This would mean: I have felt happy most of the time during the past week. Please complete the other questions in the same way.

IN THE PAST WEEK

1. I have been able to laugh and see the funny side of things:

| | |
|----------------------------|--|
| As much as I always could | |
| Not quite so much now | |
| Definitely not so much now | |
| Not at all | |

2. I have looked forward with enjoyment to things:

| | |
|--------------------------------|--|
| As much as I ever did | |
| Rather less than I used to | |
| Definitely less than I used to | |
| Hardly at all | |

3. I have blamed myself unnecessarily when things went wrong:

| | |
|-----------------------|--|
| Yes, most of the time | |
| Yes, some of the time | |
| Not very often | |
| No, never | |

4. I have been anxious or worried for no good reason:

| | |
|-----------------|--|
| No, not at all | |
| Hardly ever | |
| Yes, sometimes | |
| Yes, very often | |

5. I have felt scared or panicky for no very good reason:

| | |
|------------------|--|
| Yes, quite a lot | |
| Yes, sometimes | |
| No, not much | |
| No, not at all | |

6. Things have been getting on top of me:

| | |
|--|--|
| Yes, most of the time I haven't been able to cope at all | |
| Yes, sometimes I haven't been coping as well as usual | |
| No, most of the time I have coped quite well | |
| No, I have been coping as well as ever | |

7. I have been so unhappy that I have had difficulty sleeping:

| | |
|-----------------------|--|
| Yes, most of the time | |
| Yes, some of the time | |
| Not very often | |
| No, never | |

8. I have felt sad and miserable:

| | |
|-----------------------|--|
| Yes, most of the time | |
| Yes, some of the time | |
| Not very often | |
| No, never | |

9. I have been so unhappy that I have been crying:

| | |
|-----------------------|--|
| Yes, most of the time | |
| Yes, quite often | |
| Only occasionally | |
| No, never | |

10. The thought of harming myself has occurred to me:

| | |
|------------------|--|
| Yes, quite often | |
| Sometimes | |
| Hardly ever | |
| Never | |

Appendix 2

L/PND/Q1

BRAMLEY SURE START SUPPORT PROJECT FOR NEW MOTHERS

Information to be completed by agency

| | | | | |
|---------------------------|-------------|--------------|--------------|------------|
| Case Number | | | | |
| Age Group | - 20 | 20-30 | 31-40 | 40+ |
| Ethnicity | | | | |
| Single Parent | | | | |
| Two Parents | | | | |
| Number of Children | | | | |
| Ages of Children | | | | |
| Employment | Yes | No | F/t | P/t |

QUESTIONNAIRE 1 (accompanying PDS1)

Questions about support available to you.

Please tick the box which is true for you.

1. I feel well supported by my family.

| | | | |
|--------------------|--|------------------------|--|
| Very True | | Not very true | |
| Fairly True | | Not true at all | |
| A bit True | | | |

2. I feel well supported by my friends.

| | | | |
|--------------------|--|------------------------|--|
| Very True | | Not very true | |
| Fairly True | | Not true at all | |
| A bit True | | | |

3. Much of the time I feel on my own.

| | | | |
|--------------------|--|------------------------|--|
| Very True | | Not very true | |
| Fairly True | | Not true at all | |
| A bit True | | | |

Questions about the kind of support / activities which would be helpful to you.

4. Someone to talk to about how I feel.

| | | | |
|-----------------------|--|---------------------------|--|
| Very helpful | | Not very helpful | |
| Fairly helpful | | Not at all helpful | |
| A bit helpful | | | |

5. Being part of a group programme for mothers / other people in my situation.

| | | | |
|-----------------------|--|---------------------------|--|
| Very helpful | | Not very helpful | |
| Fairly helpful | | Not at all helpful | |
| A bit helpful | | | |

6. Practical help with managing the home.

| | | | |
|-----------------------|--|---------------------------|--|
| Very helpful | | Not very helpful | |
| Fairly helpful | | Not at all helpful | |
| A bit helpful | | | |

7. Practical help with child care.

| | | | |
|-----------------------|--|---------------------------|--|
| Very helpful | | Not very helpful | |
| Fairly helpful | | Not at all helpful | |
| A bit helpful | | | |

8. Opportunities to go out / be involved in community activities.

| | | | |
|----------------|--|--------------------|--|
| Very helpful | | Not very helpful | |
| Fairly helpful | | Not at all helpful | |
| A bit helpful | | | |

9. Opportunities to get a job / increase income.

| | | | |
|----------------|--|--------------------|--|
| Very helpful | | Not very helpful | |
| Fairly helpful | | Not at all helpful | |
| A bit helpful | | | |

10. Do you have any other comments on your situation (please say)

.....

or on what else would be helpful to you.

.....

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE

Appendix 3

PRIVATE AND CONFIDENTIAL

Interview schedule for Service Users' experiences of Family Support Service

Interview Code

Date of Interview

Who is being interviewed (e.g. mother, child etc.)

Introduction and confidentiality – letter, consent form

Who has requested the research?

Why?

Who is it being carried out by?

What information will be made available to whom?

Can it be taped?

Referral to Family Support

Who made it?

Did you know and agree if you were not the referrer?

Why did you think the referral was being made?

Did you agree with the reason for the referral?

Did you know who family support were – what agency etc.?

First contact

Who with? - time between referral and initial contact?

Where?

Did you get any written information? - complaints procedures etc.

What exactly happened? - did you feel clear about what was being proposed and why?

Did you agree with what was being proposed and why – were you asked what you wanted including children?

Did you know what would happen next?

Did you feel listened to?

Did you feel clear about length of involvement, with whom?

Did you agree?

What were your feelings after the meeting?

Did you choose to participate?

Work undertaken

With whom?

Where?

How often?

Did you feel able to say what you felt about time, place, regularity etc. – were alternatives given?

Choice of worker – gender, ethnicity?

Did you feel listened to?

Were you able to influence what was happening?

Ending

Were you clear about when work would end?

Were you happy that it ended when it did – pressurised to end?

Did you want any further input – did you feel appropriate follow-up was offered?

Was there a report / meeting about ending?

Who was there?

Were you able to express your opinions?

Outcomes

Do you feel the work was helpful?

How and which bits specifically?

To whom?

In what way?

Do you think overall

The workers were honest with you when they talked to you?

Did they explain matters clearly?

Did they listen to your point of view?

Did you think you were treated fairly?

Did you feel that specific issues in relation to culture, disability were understood and dealt with?

Would you want to use or be referred to this service again?

Would you recommend the service?

What you needed?

Demographic information

Family Information

| Family Member | Where Living | Age | Gender | Ethnic Origin | Relation to Child | Education | Employment |
|----------------------|---------------------|------------|---------------|----------------------|--------------------------|------------------|-------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

How long have the family lived in area?

Appendix 4

Outreach Team Summary of One to One Case Studies

Illustrations of the Outreach Team's one to one work is included below:

- (i) One of the Outreach Team members from the local community described her work with a mother with a son aged one referred by the Health Visitor. A supportive relationship was established which continued for several months. After six months the mother disclosed her use of heroin. Later she moved on to a methadone prescription and needed support during a period of hospitalisation at Christmas. The Outreach Team member was able to use her counselling skills to good effect.
- (ii) The other Outreach Team member with a background in the local community described her work with a family referred by the Early Years Service. The mother had a child aged fourteen months and twins aged three months. Home Start was involved. The mother had had a negative experience of a Health Visitor who was experienced by her as critical and her self confidence about the demanding task of managing the twins was low. The Outreach Team worker visited weekly and provided practical advice with daily living skills. The worker saw her role as to enhance the mother's self esteem and she was finding her experience of being a local parent an asset.
- (iii) The Team member with child care experience had provided support over a long period to a young mother with a two year old son. The mother had previously refused offers of help. She had been involved in a car accident when aged fifteen and appeared to have some learning difficulties, possibly related to the accident. The Outreach Worker's intervention involved liaison with the CAB, tackling debts and accessing disability entitlements. Home care was provided twice weekly. The mother had had serious problems of being abused by her neighbours. The Outreach Team member attended a Core Assessment meeting. There was a serious possibility of the little boy being accommodated by Social Services, which was averted by mother and son going to stay with grandparents. The family situation was now much improved.
- (iv) The team member with nursing experience had supported a mother in her mid twenties with three children (all boys) aged 5, 3 and 9 months. Her husband was a Schedule 1 offender. The Outreach Team member had been involved in formal (Child Protection) Case Conferences and both the psychologist and the paediatrician involved had recognised her contribution. The Outreach Worker had stressed that the mother had had to recognise that her children were at risk and her (the Outreach Worker's) honesty had been respected. The worker had involved the mother in Yoga, Aromatherapy and First Aid. Respecting client confidentiality had been crucial and positive use had been made of supervision.
- (v) The Health Visitor member of the team had supported a mother of two small children who had attended the specialist day hospital facility for post-natal depression. The mother had been fifteen when she had had the first of her two children and was still very young. Her partner had been in prison and the Outreach Worker had supported her visiting him there. The mother had enrolled to start a GCSE in drama and had been referred to Relate. With help from the worker, the mother had stopped drinking and her oldest child had started attending a play group. Much practical help had been given with housing issues. The Worker had been able to see the mother through a difficult period and to provide a stabilising influence. She had been able to provide more practical support (for example with education and liaison with the prison), than would have been possible in her role as a Health Visitor.

Appendix 5

OUTREACH TEAM – PROJECT EVALUATIONS

PROJECT EVALUATIONS

Evaluation and feedback data provided by Outreach Team members is summarised below.

(i) Parenting Group

A six session Parenting Group was run with ten places available in June and July 2001. A creche was provided. Three parents were self referred and seven were referred by agencies. The average attendance at the programme, which was facilitated by a specialist Community Health Visitor was four.

Four evaluation forms and one verbal evaluation were received. Parents who completed the programme were very positive, had enjoyed talking to other parents and felt that they had achieved positive learning, for example, about communication and control. Two of the parents who completed the programme were self referred and two were referred by Sure Start Bramley. The parent who provided a verbal evaluation had not continued with the course as she felt it was not telling her anything new: she had hoped to learn behaviour management strategies which was a priority for other parents also. A further Parenting Programme had provisionally been arranged for February 2002; this had been put on hold due to funding issues.

Comment

This programme was carefully evaluated. The drop out rate, which was of concern to the Outreach Team staff member, was not untypical for parenting programmes which require careful prior negotiation with participants.

(ii) Eat to the Beat

This was a healthy eating programme based at the Fairfield Community Centre over fifteen sessions (some same day morning and afternoon) between May and July 2001. Twenty six people attended and fourteen completed evaluation forms. All participants were female. Nine creche places were provided. Responses were very positive. Most participants attended for reasons related to improving health. Nine participants welcomed *meeting new people*; three referred to the sessions being *fun and enjoyable*. Two referred to *exercise and fitness*.

Some resentment at the location (Fairfield) was noted, as the estate was perceived as attracting most resources which became available in the Bramley area. The Outreach Team found that running two sessions per day made excessive demands on their resources. There were plans to develop similar programmes in the future.

Comment

The evaluation contains positive reflective comments on ways forward and lessons learned.

(iii) Evaluation of Library Activities

Two Outreach Team members negotiated for Sure Start funding to refurbish the children's area in the Bramley and Broad Lane Libraries. A Fun Day held in September 2001 was evaluated. Over 100 people attended and thirty five book bags were handed out to people with children under four. Although the day proved enjoyable, the Outreach Team were disappointed that the event did not lead to longer term improvements in parental involvement in library storytime sessions, reflecting a perceived lack of commitment from the library staff to involvement in community activities. Further initiatives to promote this were underway.

Comment

The evaluation realistically assessed positive and negative outcomes of the initiative.

(iv) First Aid Training for Child Carers and Parents

This training was developed in November 2001 by Sure Start in association with the British Red Cross, the National Childminders Association and the Pre-School Learning Alliance. The course led to a basic First Aid certificate following four sessions over three hours. It was held in Bramley Baptist Church in Hough Lane. Participants comprised seven parents, four Sure Start staff and one staff member from the NSPCC Family Support Service. The aim of the course was to train child carers in basic First Aid skills. Obtaining the First Aid certificate required attendance at all sessions. The training course and the creche, which was run alongside it, were both carefully costed. Ten participants obtained the First Aid certificate. The other two (one parent and one staff member) missed week 4 and had to repeat the course. Eleven evaluation forms were returned: all were positive about the practical information and basic First Aid knowledge obtained. Seven participants said they were more confident, and three said they had obtained 100% benefit.

Comment

This is another example of a carefully evaluated programme.

(v) Yoga Evaluation

One of the Outreach Team members evaluated four introductory Yoga sessions attended by eight participants over a four week period in October 2001. Five evaluation forms were returned. Four out of five participants had enjoyed the group and the five respondents referred to the *friendly atmosphere / making new friends* and *having a good instructor*. One participant had found some of the Yoga difficult.

Learning had been achieved about breathing and relaxation techniques. All five participants would have liked the sessions to have been more than four weeks.

After consultation with participants it was agreed that Sure Start would organise low impact aerobics again starting in February 2002.

(vi) Infant Massage – Parent Classes

A member of the Outreach Team undertook training provided by the International Association of Infant Massage during 2001, and two Infant Massage programmes were held each for five mothers, one in October 2001 and one in November–December 2001. Parent evaluation forms provided by the Association were completed for each programme. Parents were asked to rate the instructor's skills on a range of dimensions on a 1 (poor) – 5 (excellent) scale. Average ratings for the October group, attended by five mothers, were 4.86. Average ratings for the November – December group, also attended by five mothers, was 4.97.

Parents were asked what they liked best about the programme. In October replies were:...

the opportunity to meet other parents in an organised activity – rather than “drop-in” groups.

meeting new people.

learning the massage and meeting other mums.

In December responses were:

the fact that both (daughter's name) and I got pleasure from it and found it relaxing.

relaxed atmosphere.

I liked the whole massage. (Son's name) enjoyed it and we both found it relaxing.

the instructor was warm, friendly, informative, baby-centred, approachable.

the singing.

All the participants at the two groups said that the course met their expectations. One requested a creche for older children.

Parents were asked how the massage affected their relationship with their baby. Replies for the October group were *more affectionate; relaxed; brought closer; we both enjoyed the time together and the closeness.*

Parents who attended the November – December group commented:...*(the baby) enjoys the massage and our time together;....I have found that it helped us to bond together;....Closer.*

Outreach Worker's Comment

The Outreach Worker had gained much confidence from completing the training and had thoroughly enjoyed delivering the programmes. She said that the first group was harder as two of the children were older. In the second group all the infants were aged about five months, which was ideal. A further Infant Massage group was being held in March 2002 and was already fully subscribed.

Evaluator's Comment

The evaluator attended one of the last sessions in December. Both parents and the instructor coped well with an observer. All five parents spoke positively about their experience on the course. The instructor was confident and related very well to parents in a positive atmosphere. Her singing enhanced the programme.

(vii) Christmas Activities

The Outreach Team organised a Christmas Fayre on 13.12.01 and a Christmas Party on 14.12.01. Both events were well supported. The main people attending the Fayre were from the Family Support Service (parents and children). The Christmas Party on the next day was attended by a wider cross section of the community including mothers, fathers, grandparents and older siblings. For next year it was decided that the two events should not be held on consecutive days. For the future it was decided to specify that all toys contributed should be new and age-appropriate. The Christmas Party attracted positive publicity through the Yorkshire Evening Post.

(viii) Portage Training

A four-session programme validated by the National Portage Association was held at the NSPCC offices in Bramley in September and October 2001. The eight participants included four parents, one member of the Family Support Service and three Outreach Team staff. One parent dropped out after one week. Full information about Portage, which is a home visiting service for pre-school children with special needs, was provided. Evaluation forms were obtained from seven participants. Six of them responded that the course objectives had been achieved. All seven commented on the usefulness of the course in their different roles; and all seven commented very positively on the way the course was presented and delivered. All the participants rated the course materials highly and considered that the course addressed issues of equality and anti-discriminatory practice clearly and sensitively. Five participants said that the course was stimulating and much harder work than they had expected. The other two said that the course met their expectations.

Feedback from participants overall was very positive. This was linked to a creche being provided and the venue being accessible. Participants considered that Portage training could make a positive difference to Sure Start Bramley, and that they would be able to pass on information and skills learned to parents and families. Next steps would include incorporating portage into Outreach Work and holding networking meetings. Refresher courses would be held as necessary.

Comment

The evaluation indicates that the training course was an effective vehicle for developing and networking knowledge about Portage amongst staff and parents.



N C R C



SURE START BRAMLEY

Local Evaluation Report - Second Year

April 2002 – March 2003

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PREFACE

The local evaluators would again like to thank parents and staff at Sure Start Bramley and staff in partner agencies, and members of the Evaluation Steering Group, for their co-operation in the evaluation of Sure Start Bramley (Year 2). Thanks are also due to Anne Robbins who produced the report.

Brid Featherstone and Martin Manby

May 2003

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Appendices

- (i) What Works with Fathers - Brid Featherstone**
- (ii) Post Natal Depression Group - Data Analysis**
- (iii) Bramley Family Support Service Evaluation (Michelle Potts) – separate document**

1. Introduction

In the evaluation report for Sure Start Bramley for the period up to March 2002, the following priorities were identified for the year starting April 2002 in relation to evaluation:

- Further evaluation of the Family Support Service;
- Development work on the role of fathers and male carers in Sure Start Bramley;
- Facilitating community involvement in evaluating the local impact of Sure Start;
- Ensuring that value for money and cost benefit issues were prioritised.

This report outlines the progress which has been made in the above areas and a number of additional activities which have been undertaken in relation particularly to work on post natal depression (see **Chapter 6**).

It is also important to note at the outset that in reviewing the recommendations made in last year's report, a key and welcome development has been the introduction of a computerised data gathering system.

Further evaluation of the Family Support Service

At the time of writing the report in 2002, it was anticipated that this evaluation would continue the work which had begun on evaluation of the family support service provided by the NSPCC. This did not prove possible due primarily to changes in the service offered by the NSPCC. However, family support services are provided by a range of providers within Sure Start Bramley, and an evaluation of one such service has been carried out by a parent researcher Michelle Potts (**Chapter 4** and **Appendix (iii)**).

Development work on the role of fathers and male carers in Sure Start Bramley

A piece of work has been carried out under the title 'What Works with Fathers?' Details of this work are contained in Chapter 2 and the copy of the report produced is contained in **Appendix (i)**.

Facilitating Community Involvement in evaluating the local impact of Sure Start Bramley

This has encompassed a number of activities. A local parent was recruited and supported in carrying out an evaluation of a family support service funded by Sure Start Bramley (Chapter 3 and Appendix (iii)). A conference for local parents and agencies was held in October 2002 which elicited views on Sure Start Bramley, the priorities for activities and evaluation and sought to recruit parents to the evaluation steering group. A survey of the views of partner agencies was also undertaken and details are contained in **Chapter 5**.

Ensuring that value for money and cost benefit issues are prioritised

This has become an important aspect of evaluative activities particularly since the beginning of 2003. An account of the activities undertaken and planned is provided in **Chapter 7**.

2. Sure Start Bramley: What works with Fathers?

Whilst no national targets have been set in relation to either the numbers of fathers who should be involved in the running of Sure Start programmes, or how many should be engaged with by the services provided, it is expected that programmes should actively address such issues. Sure Start Bramley requested that a specific piece of work should be undertaken by the evaluation team which looked at the literature on what works in engaging fathers generally, and what works in engaging specific groups of fathers. The groups identified by Sure Start Bramley were: first time fathers; teenage fathers; the male partners of those with post natal depression, and fathers where domestic violence was an issue.

Brid Featherstone undertook to complete this literature review and to offer some recommendations to Sure Start Bramley in terms of future work. A report was completed which drew on national and international literature, discussions with some of the organisations and professionals working in the field, and previous research undertaken by the author.

- A range of very positive possibilities for work was identified in the report in relation to first time fathers and the partners of those with post natal depression. In relation to the latter it was also identified that there were local resources to support this work and that it fitted extremely well with ongoing work being undertaken by Sure Start Bramley.
- It was felt that prioritising teenage fathers would be problematic as they appear to be an invisible group who are hard to reach, but that there was merit in thinking about and addressing the needs of young fathers. Examples of projects around the country where such fathers had been successfully engaged were offered in support of this view.
- It was felt, however, that to take on work which explicitly addressed domestic violence issues and fathers was to take Sure Start Bramley into very complex territory, and it was noted that the literature review had found that few community based programmes expressed confidence about doing such work.

- It was felt that it would be more feasible, and in line with Sure Start's targets, to consider doing work with fathers and male carers around their use of discipline with children. This is work which, in the experience of other projects, is often requested by mothers. There also seems to be some evidence of successful interventions here on the part of some organisations. Clearly, this work could lead into engaging with issues around men's use of violence more generally but if such work was to be undertaken, the evidence suggests that inter-agency approaches are vital in order to ensure safety and protection for all concerned. It was recognised that there was an urgent need for such work and that issues in relation to working with fathers around violence are seriously neglected. It was felt that this should be the subject of ongoing discussion and development, rather than immediate intervention.
- It was also suggested that consideration should be given to seeking the services of a consultant from one of the organisations currently working with fathers in order to inform the work undertaken by Sure Start Bramley.

The report was presented to Kathryn Shaw, Programme Manager, and it was agreed that there was a role for Brid Featherstone in offering an input in relation to the recruitment and selection of a male outreach worker, including contributions to the job specification for this post.

The report was also presented to the evaluation steering group where some discussion ensued particularly in relation to the possibilities and issues involved in engaging the partners of women with post natal depression.

3. "Sure Start as Others See Us"

Evaluation Conference: 2nd October 2002

An initial Evaluation Conference for Sure Start Bramley was held in March 2001. The SSB Board decided in June 2002 that a second Evaluation Conference on the theme of "*Sure Start as Others See Us*" should be held. The Evaluation Sub Group took responsibility for organising the Conference, which was held in Pudsey Civic Hall on 2.10.2002, and attended by some seventy local people, agency representatives and Sure Start staff. Members of the Sure Start staff, including the Outreach Team, took responsibility for promoting the Conference and ensured positive take-up. The local MP, John Battle, provided an up-beat introduction to the day. The Conference included interactive presentations on parents' and agencies' perceptions of Sure Start; a keynote speech by Ruth Gardner, a leading researcher in the area of Family Support; an interactive entertainment provided by pre-school children at Bramley Family Support's Story Time Group; a presentation on the First Year evaluation report; and small group discussions exploring the impact of Sure Start Bramley and ideas about its future direction.

A Conference Report prioritising comment and feedback from participants was written by the Parent Researcher (Michelle Potts) and Anne Robbins of the Nationwide Children's Research Centre and was distributed to the Board and to everyone who attended.

Thirty-seven participants completed evaluation forms. The level of enjoyment of the Conference and appreciation of Sure Start Bramley was high, and the venue and the creche provided were commended. Questionnaires received indicated that participants considered that SSB had been successful at involving parents and had made them central to its activities. Parents commented that Sure Start Bramley had changed their lives as parents *very much* (5) or *quite a bit* (9); two parents said *not at all*. Parents appreciated opportunities for increased contact with other parents.

Development Areas

Conference participants' comments about *what they thought Sure Start was doing less well* and *what kind of activities not available at present Sure Start should kick-start* are particularly important. Areas prioritised included:

- Involving fathers
- Engaging hard to reach families / needier parents
- Encouraging / accommodating opportunities for parents of children over four.
- Getting parents on to the Management Board
- Extending school holiday activities

Parents also valued opportunities to become volunteers (including paid volunteers) and wanted these to be extended.

4. Evaluation of Bramley Family Support Service (BFS) by a Parent Researcher

Concept

In February 2002, while the first year evaluation report was being written, the Programme Manager discussed with the evaluators the scope for developing evaluation skills in the local community. The concept was to include a community perspective in the developing evaluation of Sure Start Bramley. Additional funds were allocated in the evaluation budget for 2003 / 04 for this purpose. During the spring / early summer of 2002 it was agreed that a part-time Parent Research Worker post should be established for a fixed term of twelve weeks or up to 200 hours should be created under the auspices of the NCRC's sister company, the National Children's Centre in Huddersfield. In order to make the opportunity known to the widest possible audience in the locality, an advertisement was drafted (see **Figure (i)**) and was circulated by letter to over 300 local parents on the Sure Start Bramley database.

Figure (i)

Sure Start
BRAMLEY SURE START & THE NATIONWIDE CHILDREN'S CENTRE

Wish to appoint a

Part Time Parent Research Worker
For a Fixed term of 12 weeks
£9.00 per hour + Childcare Costs

We are looking for a local parent in our target area, as part time Parent Research Worker to work on our Local Evaluation Project - no formal qualifications are required, but you must be enthusiastic, willing to learn as training will be provided, and enjoy meeting and talking with people. Other skills, which would be useful, are:

- Enjoy writing
- Good organiser
- Knowledge of computers or an interest in learning

If you would like further information and/or interested in the post, please come along to the open session on Friday 6 September 2002 at 1pm - 2.30pm at the offices of the NSPCC, where further information will be given, and you will have the opportunity to ask questions, or ring Martin Manby on 01484 223422.

At this point the Programme Manager and the evaluator agreed that the Parent Researcher appointed would undertake an evaluation of the services provided by the Bramley Family Support Service (BFS), one of the main local agencies contracted by Sure Start Bramley to deliver child care services in the Sure Start area. The Programme Manager, the Bramley Family Support Service Co-ordinator and the evaluator held an open meeting attended by thirteen parents to discuss the project on 6.09.02. Training and support would be provided and the Parent Researcher would develop skills in questionnaire design, interviewing, assessing information and writing and presenting a research report. Interested parents were invited to submit applications for the post.

Research project

A thorough recruitment process was planned and implemented and a panel comprising the Programme Manager, the Bramley Family Support Service Co-ordinator and the evaluator interviewed short-listed applicants at the end of September 2002. The successful applicant (Michelle Potts) aged 22 was the mother of a three-year old boy, who had herself been a Sure Start service user. Her previous experience included work as a senior care assistant in a home for older people. She had also had experience of setting up a baby and toddler group, opening the service out to new members and involving parents in developing the service. She had sound educational qualifications up to A level and was working towards a degree in Health and Social Welfare with the Open University, which included experience of research methods. Her computer skills were well developed. Overall, the standard of applications was high and the appointment process provided opportunities to promote awareness of Sure Start in the locality.

Before starting work in mid October 2002, the Parent Researcher attended the SSB Conference held on 2.10.02 and this provided an early opportunity to make contact with parents and service providers. The Parent Researcher's first task was to assist in preparing a report on the Conference, including analysing parents' contributions. Successful completion of the SSB Conference report provided encouragement to the Parent Researcher.

The intention was to provide the Parent Researcher with as broad an experience as possible in the time available, encouraging the post-holder to use her talents and local knowledge and experience creatively at the same time as increasing her research skills. The Parent Researcher was encouraged to work flexibly to fit in with the research requirements and also

with her own child care responsibilities. Before starting work the Parent Researcher had to explore local child care facilities for her son. A child minder and members of her extended family looked after her son for part of the time she was working on the Project.

Initial meetings were held at Bramley Family Support Service in October to identify the focus of the research. The research project included analysing survey material previously collected at BFS. Supervision for the main project focused on developing the evaluation methodology including questionnaire design and also on ensuring that consent procedures for all participants were clearly established. Monthly supervision sessions and regular telephone contact was provided by the evaluator. The evaluation included direct contact with children under five using the BFS service and attempting to establish the views of hard to reach families. Detailed written records of supervision sessions were provided and the Parent Researcher acted promptly on advice received. Arrangements were made for the Parent Researcher to receive advice from a senior research fellow at the University of Huddersfield in developing a coding system for interview data. The Parent Researcher rapidly gained confidence in her interviewing skills and demonstrated a facility for making contact with service users (including children), and service providers. The SSB Deputy Programme Manager and the Outreach Team provided valuable contact and support to the Parent Researcher throughout the project. Field work for the evaluation, including interviews with twenty-five parents using the Centre, was mainly completed by December 2002, and the Parent Researcher drafted and amended the report between January and March 2003.

Overview

The Parent Researcher Project has now been completed and the evaluation report on Bramley Family Support Service is included as a stand-alone report in the evaluation outcomes for Year Two (2002 - 2003). The main targets set for the Project (appointing a local Parent Researcher, developing her research skills and producing an evaluation report relevant to SSB's core activities) have been achieved. Sure Start Bramley has provided a valuable demonstration project illustrating the potential for involving properly remunerated parent researchers in local evaluation.

The short-term nature of the project required the Parent Researcher to begin the research process almost immediately, with limited time available for initial reading and orientation. The Project was successful because the Parent Researcher already had useful research skills, which she was able to apply almost immediately, and because she worked efficiently within deadlines. The Parent Researcher was encouraged to draw on her own experience

as a parent in Bramley in developing and writing the evaluation report. She valued the opportunity to develop her skills and work flexibly and on her own initiative. Finding suitable child care at the start of the project was taxing and costly. The evaluator was aware of tension between drawing on the spontaneity and freshness of the Parent Researcher's viewpoint, grounded in the local community, and pressure to produce a clearly written report to an acceptable standard within a short time frame. There will be opportunities for the Sure Start Bramley Board to reflect on the experience of appointing the Parent Researcher; and to consider how the community dimension of evaluating Sure Start Bramley might be further consolidated, for example in relation to the requirement to undertake a survey of user needs and satisfaction levels with local services in 2003 - 2004.

5. Survey of views of partner agencies

The purpose of this survey was three fold: to elicit the perceptions of a number of key agencies in relation to the impact of Sure Start Bramley so far; to identify what these agencies understood by mainstreaming; and to elicit their views on the possibilities for mainstreaming in the future.

This section is based on face to face interviews or e-mail discussions with managers in social services, early years and the West Leeds Primary Care Trust. A preliminary interview with Kathryn Shaw, Programme Manager, was also held in order to elicit her views on where Sure Start Bramley was placed in relation to these areas.

The Impact of Sure Start Bramley

This was considered to encompass two often interrelated issues. One aspect relates to perceptions of the impact of Sure Start on service provision generally in Bramley and the other relates to perceptions of the impact Sure Start has had on the respondent's own service.

In relation to the impact of Sure Start on service provision in Bramley, an important if predictable point was that it had increased the range of services of a supportive nature to families in the area. From a social services point of view this means concretely that there are more family support resources available, something which is of considerable importance. Of further importance was the view from social services that Sure Start staff had a very clear understanding of child protection issues, and that liaison arrangements in relation to such issues worked well.

However, the above must be located within a recognition that Sure Start Bramley covers a very small geographical area in terms of the remit of Social Services in West Leeds. Furthermore, as a national survey of family support services has pointed out (Henricson et al, 2001), there are considerable problems in terms of the patchy and uncoordinated nature of family support provision generally. Selective initiatives such as Sure Start do not address this and indeed can add to existing post code inequities. Clearly this is not an issue Sure

Start Bramely can address and one respondent indicated that what was needed was that the services provided by Sure Start should become available to all.

One respondent felt that it had led to more integrated services in Bramley and a greater willingness to explore partnerships outside traditional boundaries.

The same respondent felt that *what* was delivered and *how* were integrally linked. It was felt by this respondent that *how* Sure Start delivered services has resulted in a questioning of the role of health visitors and has enabled the service 'to look more creatively at what it does to respond to the needs of children and families'.

All the respondents recognised that Sure Start 'goes about things in a different way' (the words of one respondent). For the social services respondent it did not appear this had impacted upon their ways of working. As already indicated this was not the view of the manager in health, who felt that Sure Start had impacted upon the way health visitors conceptualised their role.

The emphasis on the involvement of parents at every stage of the programme from management down was recognised as very different to how mainstream agencies were set up and operate. One respondent commented that it was a small group of parents who had had full involvement, and it was questioned how far there had been a wider impact upon parents generally. This was felt to be an issue which affected all community based projects rather than Sure Start Bramley specifically.

Overall, the respondents in the external agencies expressed a high degree of satisfaction with what Sure Start Bramley was doing and how it was doing it. Any areas of difficulty mentioned were felt relate to factors outside the control of Sure Start Bramley, such as the patchy nature of family support provision and the difficulties in reaching and involving a majority of parents in the area.

Mainstreaming – what is understood by the term?

Mainstreaming has not always been a very clear term and there are important tensions attached to differing meanings. For example, does mainstreaming imply that all agencies should operate as Sure Start does in terms of involving parents at every level of the organisation, and working with them on a voluntary basis? If so how suitable is that for agencies who have a statutory duty to engage families where there are child protection

concerns? How would you develop the kinds of involvement of parents which are common in Sure Start, such as parents on management committees, in such agencies?

Does mainstreaming mean that all agencies should share the same purpose and ways of working as those pioneered by Sure Start particularly given that Sure Start itself is a time limited project.? Or does it mean that there is a continuum of services working together in more integrated ways than previously and engaging in ongoing dialogue about ways of working? In the latter framework, Sure Start organisational models would provide important learning for such an approach and would provide the groundwork for a future reconfiguration of services (such as children's trusts, for example).

Linked to the lack of clarity about these issues at a national level there has also been a lack of clarity about whether ways of working engaged in by Sure Start are already proven to be 'better' than what has gone before. If this is the case, should agencies already be changing to work more like Sure Start does? Or do the lessons of Sure Start, as it is developing now, need to be learned and applied in the future?

Furthermore, developments in relation to Sure Start since 2002 (which have expanded its age remit and established a new national unit) are central to the integration of services in relation to universal free early education and child care and will be provided with a local focus in the form of Children's Centres. It is as yet unclear how such centres will or will not overlap with existing Sure Start programmes and when they will come on stream.

What does mainstreaming mean in Bramley?

Respondents' replies, with differing emphases, demonstrated broad agreement that mainstreaming encompassed both changes *within* organisations in terms of how they worked, and in the relationships *between* organisations.

For one respondent in social services mainstreaming meant that their service should work more like Sure Start, although they had considerable doubts about whether this was achievable. This should happen alongside a reconfiguration of services generally to develop a more integrated approach to children and families.

For another respondent, mainstreaming meant that the services provided by Sure Start would become available to all, although they also indicated that a reconfiguration of existing services was needed.

For a third respondent, mainstreaming meant that statutory and voluntary agencies would refocus the way they delivered services in the light of successful practice exemplified by Sure Start programmes. It would, therefore, require the reconfiguration of budgets and service provision in order to deliver more integrated services and this was something the respondent felt confident would happen in the light of current government proposals and initiatives. The proposed development of children's centres, for example, was viewed as key in "rolling out Sure Start to all families living in greatest need".

One respondent indicated that due to the operational issues involved in establishing and running a complex project such as Sure Start, there was little time available at management board meetings to discuss longer term strategic issues, particularly in relation to mainstreaming. However, it was apparent that the funding streams available from Sure Start had facilitated cross agency working which was offering possibilities for workers in more established agencies to engage in more innovative ways of working, as well as for established agencies to fund such work themselves.

Note

It is clear that the expectation of Children's Centres developments will link into the Sure Start areas and Neighbourhood Nursery Initiative Nurseries within Leeds. There are 12 DETR index areas, which will all have a Children's Centre by the year 2010.

Revenue is available from 2004 - 2006 to establish this.

The Programme Manager is involved in the Steering Group to define the Leeds Strategy, which requires a proposal submitted by October 2003.

The Programme Manager and her Deputy are involved in the following:

- Promoting examples of good practice such as the reconfiguration of the Health Visiting Team and Multi-Agency Partnerships to provide Family Support Services.
- Talks to external agencies such as the Police, the Health Trusts, the Voluntary Sector and other regional areas.

- Inter-agency Support Groups such as Post Natal Depression and Women Experiencing Violence.

These activities aim

- to enable areas out of the Sure Start nominated target map to develop similar work and benefit from the experience of Sure Start Bramley / sharing resources and ideas.
- linking to the local strategic partnerships to endorse the Sure Start perspective for e.g. EYDCP partnership, Children's Centres and Children's Trusts.
- to help Children's Fund and Extended Schools to build on Sure Start's pre-school focus to extend provision to the over 4's.
- to help Statutory Services to engage practitioners, managers and executive officers in a debate about service changes and about how refocusing and redirecting services can benefit families and agencies.

Key themes

'Mainstreaming' can be interpreted in a range of ways. However, there was a considerable level of agreement that it encompassed change within and between existing organisations.

Overall, it was obvious that for some organisations such as Early Years, that proposals at a national level in relation, for example to children's centres, were already assisting the process of reconfiguring services. Social Services, by contrast, seemed less clear about what the future held. This related partly to the considerable difficulties experienced by Social Services in the recruitment and retention of staff in West Leeds, and in the Leeds area generally. It was considered that such internal difficulties needed tackling before more widespread changes could be undertaken. There seemed to be no plans in Leeds to bid for the piloting of children's trusts, which is one way that the reconfiguration of services could be attempted.

Summary

There was a high degree of satisfaction expressed in relation to what Sure Start was doing and how it was doing it. In relation to the complex notion of mainstreaming there was a broad level of agreement that this should involve a reconfiguration of services. For organisations such as Early Years this process was already underway and had received considerable impetus from governmental initiatives. The future for organisations such as social services looked less clear and this was compounded by their staff recruitment and retention difficulties. It was reported that there are no plans currently to bid to pilot a children's trust which may be a reflection of such difficulties but does mean that opportunities for reconfiguration are less readily available.

6. Development Work: Support to mothers experiencing post-natal depression

Support to mothers experiencing post-natal depression has been identified as a priority activity by Sure Start nationally. The first year evaluation report included commentary on group work support for mothers experiencing post-natal depression and described a small research project undertaken by Bramley Health Visitors using the Edinburgh Post-Natal Depression Scale and a qualitative questionnaire available for completion by mothers assessed as vulnerable. This year's report covers aspects of further development work in this area by Sure Start Bramley in 2002 / 2003.

Questionnaire Evidence from first time mothers visited by health visitors

Following the discussion between Health Visitors and the NCRC reported last year, Edinburgh Post-Natal Depression (EPND) Questionnaires were completed between January and July 2002. At that point one of the Health Visitors who had been mainly involved with the research project obtained a new job as Sure Start Bramley Deputy Programme Manager and it was decided to suspend the research at that stage. Results from the completed EPND forms are summarised in the **Box (i) below** :

Box (i)

| Sure Start Bramley: January - July 2002 Edinburgh Post Natal Depression Scale Questionnaires | | |
|---|------|-----------|
| 48 Completed questionnaires (Time 1) | | |
| 38 First child visits; 4 Second child visits; 6 missing data | | |
| 41 White British; 1 Black British; 1 "Mixed Race"; 1 French Asian; 4 missing data on ethnicity | | |
| 8 Teenage Parents (aged 16-19) | | |
| 4 Young Parents (aged 20, 21) | | |
| <i>EPND Scores</i> | | |
| Score 0 - 3 | = 7 | % 14.6 |
| 4 - 6 | = 11 | 22.9 |
| 7 - 9 | = 14 | 29.2 |
| 10,11 | = 6 | 12.5 |
| 12+ | = 10 | 20.8 |

Out of those who scored 12+ on the EPND scale, seven were White British and three were from ethnic minorities. Out of the teenage parents, one had an EPND score of 12+. Out of the parents aged 20, 21, five had EPND scores of 12+.

Comment

The EPND Scale is a screening tool to assess parental vulnerability and is designed for repeated use. In the Bramley research all questionnaires were completed once only, mainly in the two months following birth. Persons recording scores of 12+ are considered on the EPND Scale to be vulnerable or likely to need further support.

From the limited data available the clearest practice implications would appear:

- From the sample of parents surveyed, about one fifth had scores of 12+, indicating vulnerability to post-natal depression
- A surprising finding was that young parents (aged 20, 21) appeared to be equally or more vulnerable than teenage parents
- Numbers of parents from ethnic minorities were low; these parents appeared more likely to be isolated and vulnerable

NCRC Questionnaires

Questionnaires were designed by the NCRC to explore social support available (copies were included in last year's report). Thirteen NCRC questionnaires were completed. Out of these, four had EPND scores of 12+ and a further three had EPND scores of 10+. These questionnaires are analysed in the **Box (ii)** below:

Box (ii)
Analysis of Questionnaires

- ❖ Respondents felt well supported or fairly well supported by their families.
- ❖ Most respondents said that they did not feel isolated.
- ❖ All thirteen respondents were positive about having *someone to talk to about how I feel*. Seven considered that this would be *very helpful*; five considered that this would be *fairly helpful*; and two considered that this would be *a bit helpful*.
- ❖ All thirteen respondents considered that being part of a group programme for mothers would be helpful. Seven said that this would be *very helpful*; three said that this would be *fairly helpful*; and three said that this would be *a bit helpful*.
- ❖ Eleven respondents said that practical help with managing the home would be helpful. Five of these said that such help would be *very helpful*; one said *fairly helpful*; and five said *a bit helpful*.
- ❖ Eleven respondents said that practical help with child care would be helpful. Out of these eight said that this would be *very helpful*; one said *fairly helpful*; and two said *a bit helpful*.
- ❖ Twelve respondents said that opportunities to go out / be involved in community activities would be helpful. Seven said that this would be *very helpful*; two said that this would be *fairly helpful*; and three said that this would be *a bit helpful*;
- ❖ Four respondents said that opportunities to get a job / increase income would be helpful. Two said that this would be *very helpful*; and one each said that this would be *fairly helpful* and *a bit helpful*.

Comment

Responses indicated that these mothers mainly felt well supported by families and friends. All were positive about having *someone to talk to about how I feel*; and all considered that being part of a group programme for mothers would be helpful. Most would have welcomed opportunities to be involved in community activities and would have found practical help with managing the home and with child care helpful.

Discussion with Health Visitors

Results of the local research were discussed with three Health Visitors and the evaluator at 17.07.07 at Bramley Health Clinic.

The Health Visitors considered that the EPND Scale could be helpful in confirming where a mother was vulnerable. For some other mothers, some of the questions could seem intrusive. The Health Visitors considered that it was fairly easy for mothers completing the scale not to give honest answers, usually in the direction of understating their level of depression. For example, one mother completed the scale with a zero score and asked her Health Visitor whether this meant that she could come off Prozac. The EPND research recommended that for mothers with scores above the cut-off point, a series of four supportive visits should be offered; and the Health Visitors considered that such extra visits could be sufficient to provide support for some mothers. Their impression was that high numbers of mothers were prescribed anti-depressants by their GP. The Parent and Child Unit (previously known as Malham House) was a resource that was available for people with mental health problems, although demand was high and the service was not always available.

The Health Visitors considered that lack of support to mothers was a critical factor. One of the Health Visitors had been visiting one of the few mothers from ethnic minority groups who had been isolated and depressed. For families living in poverty or in poor standard housing, the demands of a new baby could trigger mental health problems. Members of extended families generally did not recognise Post-Natal Depression. The Health Visitors referred to two mothers who had completed the EPND scale and had used the questionnaires to prove to their husbands that they were depressed. Some parents welcomed recognition of their problem. Others found the label of Post-Natal Depression stigmatising and were reluctant to go to their GP or to tell their family. The Health Visitors recognised that mental health problems could be particularly serious in deprived areas (they referred by name to a large Bramley Council housing estate).

Parents' comments that they felt well supported by family and friends contrasted with Health Visitors' observations that families were frequently unsupportive to mothers and lacking in understanding about Post-Natal Depression. Health Visitors were not convinced by questionnaire replies indicating that parents generally did not experience isolation. Exploratory interviews might have revealed a different picture. The majority of respondents interested in *going out / being involved in community activities* could also be linked to parents feeling isolated and wanting new experiences. Lower number of parents indicated an interest in *getting a job / increased income*: for most parents with new infants, getting

work would not be a high priority; for many it would be unrealistic, with high numbers of families having no access to employment at all.

PND Group Work Programme: April 2002 - March 2003

Four Post Natal Depression (PND) Groups have been held for mothers in the Bramley area over the past year. Each of the four groups has been run by the same three facilitators (an NSPCC Children's Service practitioner, a member of the Outreach Team and a Health Visitor). Most participants have been referred by Health or Social Services professionals (mainly Health Visitors). A minority of participants have been self-referred. For each group twelve mothers have been assessed (by home visit). The average attendance for each group has been seven participants. Groups have lasted for ten weekly sessions. One group ran from June to October, straddling the school holidays. A Friday afternoon drop-in group has also been provided, attended by one of the facilitators, and with participants contributing to the service offered.

The facilitators' (interviewed by the evaluator on 14.04.03) view was that participants' experience of Post Natal Depression was frequently triggered by either social problems (for example isolation or debt); or by separation or bereavement. The facilitators have adopted a social support model, emphasising opportunities for creative activity (e.g. cookery, aromatherapy, crafts) and encouraging sharing of experience in a confidential setting. Facilitators have not sought out information about participants' access to medication. Liaison with referring agencies has been maintained, accessing specialist support, for example from the Parent and Child Unit, as required. The facilitators have also liaised with closely with Home Start who have provided a supportive visiting service in some cases. Facilitators have also provided one to one support where appropriate. Participants have commented on limited understanding about Post Natal Depression by their partners and other family members.

Funding

The facilitators have been allocated time by their agencies to run and support the groups. An important development this year has been that the West Leeds Primary Care Trust has allocated funding to pay for two creche workers.

Evaluation

Participants complete the Edinburgh Post Natal Depression scale at the start and end of each programme, and a satisfaction questionnaire to record their views when each programme has been completed. An evaluation review meeting is held with the NSPCC Children's Services Manager and the facilitators after each group has been run to identify practice improvements. These reviews have confirmed the importance of the three facilitators being consistently available at each session (some difficulties were experienced with the 2002 summer time group where a combination of two of the facilitators supported each session). Leeds University is planning to undertake research comparing the outcomes of the Sure Start Bramley PND Groups, which focus on creative activities and opportunities, with similar groups where the emphasis is on physical recreational activities.

*Satisfaction questionnaires for three of the groups are analysed in **Appendix (ii)**.*

Comment

The Post Natal Depression Groups run by Sure Start represent a valuable addition to local services, with opportunities for shared learning, integrated with other services provided by Health (Parent and Child and Unit, Health Visitors and Community Psychiatric Nurses) and family support services including the Sure Start Outreach Team and Home Start). Important steps have been taken towards mainstreaming the service through sharing costs between agencies. A Resource Pack has been developed which was promoted at a seminar for professionals and parents in March 2003. Health practitioners in neighbouring areas are now planning to use the Pack to develop their own Post Natal Depression Groups. Parents helped to plan the March seminar and contributed to Workshops. Five participants who have completed the programmes have offered their services to be trained as Home Start volunteers (Home Start frequently supports mothers with Post Natal Depression). Another parent who completed the programme has subsequently been registered as a child minder and recruited as one of the creche workers supporting the groups. Parents are involved in a PND Interest Group. Information sessions are planned for partners of participants, which accords with recommendations made in the literature search about the role of males in Sure Start. The group facilitators and the NSPCC Children's Services Manager considered that Sure Start Bramley had made a crucial contribution to developing and co-ordinating the

initiative. The facilitators have confirmed their intention that three PND groups will be held in the next financial year (with some possible changes of facilitator).

*Comments from participants at the Bramley PND Seminar in March 2003 are included in **Appendix (ii)**.*

7. Value for Money

Sure Start nationally has been indicating for the past twelve months that local Sure Starts would be expected to undertake Cost Benefit Analyses in their areas. Confirmation has been received that during the next financial year (2003 - 2004) a significant service element within local Sure Starts' budgets will need to be subjected to analysis of this kind. To prepare for this exercise discussions were held between the Sure Start Programme Manager, Deputy Manager, Administrator and Treasurer and the local evaluators in February and March 2003 (meetings on 3.02.03 and 7.03.03). To start with, Sure Start officers had reservations about how Value for Money concepts could be applied to Sure Start. Sure Start cannot be measured by the number of persons contacted. Sure Start frequently has multiple contacts with service users and takes a holistic approach to the lives and needs of parents / children. Measuring how service users benefit from involvement with Sure Start is a complex task. An initial contact, for example with the Outreach Team, can lead to opportunities for parents to join in and contribute to a range of activities and opportunities; isolated and needy parents can move on to participate in service initiatives and can contribute by sharing their experience with others, working as volunteers or by taking responsibility for developing new community associations, being involved as Management Committee members and forming local pressure groups.

Quantifying the benefits of partnership arrangements also presents problems. An illustration are outcomes from Sure Start Bramley funding a Health Visitor for one day per week. Benefits include new Health Visitors being integrated within Sure Start, and Sure Start impacting positively on practices to involve parents in Health Clinics and in developing peer support groups, for example to promote breast-feeding. Health Visitors have been fully involved in innovative initiatives to support mothers experiencing post-natal depression. They have worked closely with members of the Outreach Team to promote healthier lifestyles (e.g. smoking cessation classes) and there have been benefits from Sure Start and the Health Visitor Team sharing the same boundaries. These closely integrated service developments produce valuable but not easily costed results.

Transparent approach to budgeting

The Programme Manager has described how Sure Start Bramley has adopted a transparent approach to funding issues and has encouraged staff, local parents and partner agencies to be well informed about funding issues. This approach is described in **Figure (ii)**.

Figure (ii)

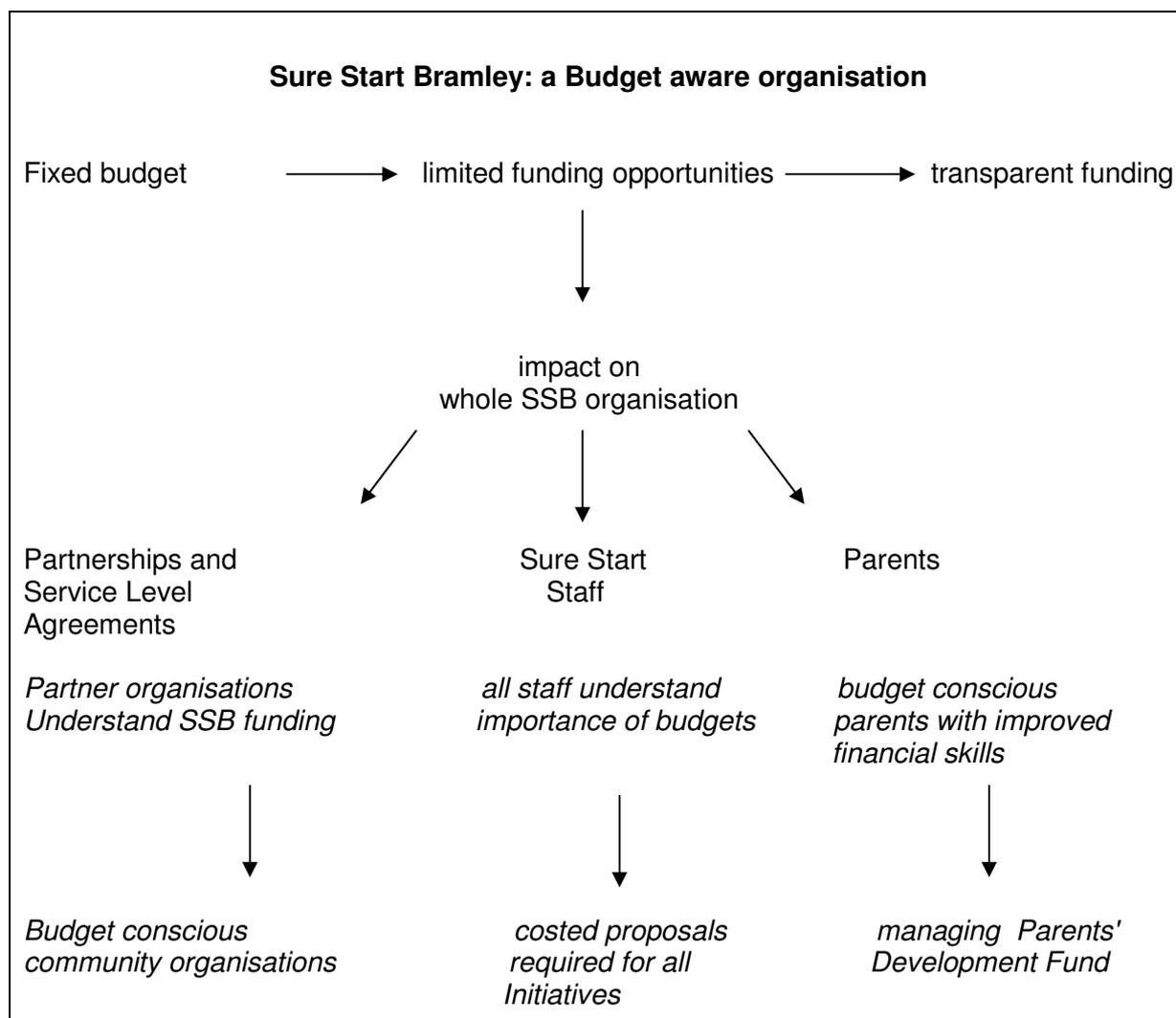


Figure (ii) refers to SSB's fixed budgets which were agreed in 2001 for the next eight years, with limited scope for variation. Knowledge about budget issues is widely shared within the Organisation. All staff are encouraged to understand the importance of financial issues, an

example being that members of the Outreach Team are required to produce costed proposals for all initiatives. A Parents' Development Fund (£10,000 per annum) has been established, enabling local parents to have delegated responsibility and to allocate funding to initiatives and local projects. Parents have been given training on accounting procedures and using bank accounts. SSB's preference for a transparent approach to funding puts pressure on partner organisations to do the same. One local community association developed a poor reputation with regard to accessing records and receipts; some parents felt confident enough to challenge the association, leading to radical changes in community structures.

Partly because SSB has had limited funds available, successful negotiations have been held to encourage other agencies to contribute to new service developments. A Primary Care Trust has contributed funding for creche workers to support future Post-natal Depression groups. SSB has recently established a Child Care Sub Group and costs of sustaining the group have been shared with other agencies from the outset. An important principle is that where statutory agencies bid for Sure Start funding, SSB expects options for mainstreaming to be considered at a very early stage (sooner than for voluntary organisations).

The transparent approach to funding issues also underpins Service Level Agreements (SLAs) with local organisations. In one instance SSB was able to save a substantial amount on rents being charged by one of its major contractors through extended face-to-face negotiations. Negotiations of this kind have to take account of the wider contributions of voluntary organisations to the local community, as well as services directly provided to Sure Start Bramley. Service Level Agreements have been carefully monitored by SSB: in one instance, a contract with a national voluntary organisation providing family support was terminated after clear evidence had been collated about failure to achieve targets.

Implications

Preliminary discussions have been useful in identifying good practice in SSB in promoting understanding about financial issues. Developing the concept of a cost-conscious workforce, and a cost-conscious local community is a radical initiative and there would be benefit in sharing good practice in this area with other agencies. There may be opportunities to further develop good practice models in the context of forthcoming Cost Benefit exercises.

8. Recommendations arising from Year 2 Evaluation Report

Work with Fathers

SSB should ensure that a male Outreach worker is recruited as soon as possible; and that this appointment improves levels of awareness and skill regarding the contribution of fathers in all areas of SSB's work.

Sure Start Conference (October 2002)

SSB should ensure that recommendations from parents at the conference are prioritised and actioned including:

- Involving fathers
- Engaging hard to reach families / needier parents
- Encouraging / accommodating opportunities for parents of children over four
- Getting parents on to the Management Board
- Extending school holiday activities

Views of Partner Agencies

SSB should contribute to promoting dialogue and developing a common language and shared working between statutory and voluntary sector agencies.

SSB to consider promoting an event / seminar on mainstreaming Sure Start services. The SSB Board should allocate time for strategic discussion about mainstreaming, including partner agencies.

Post Natal Depression - Development Work

SSB should consider commissioning a detailed evaluation of the impact of PND group work on participants, in order to maximise learning and benefits from this initiative.

Community Involvement in Evaluation / Parent Researcher Project

The consumer survey required in 2003 / 04 should build on the experience of the Parent Researcher project, using and developing the skills of local parents.

Value for Money / Cost Benefit Analysis

SSB should comply with the requirements for Cost Benefit Analysis from Sure Start (nationally); and at the same time promote its existing model of good practice regarding transparency of financial issues, delegation of financial responsibility and involving the community appropriately in financial decision making.

9. Evaluation Plans for 2003 - 2004

These are currently being discussed with the SSB Programme Manager and the Evaluation Sub Group.

Elements required by Sure Start naturally include a community survey measuring parents' level of satisfaction with services in the Bramley Sure Start area; and a Cost Benefit Analysis on a significant element of Sure Start's activity.

Other areas being discussed include:

- Mainstreaming: regional development work
- Consultancy on male worker (BF)
- PND Group Work: review of evaluation methodology
- Development work on counselling service
- Evaluation of Speech and Language contribution to Sure Start Partnership



Appendix (i)

What works with Fathers?

Introduction

This briefing paper is concerned with the following groups of fathers:

First time fathers
Teenage fathers
Fathers and domestic violence
Partners of those with PND

Inevitably there is overlap between these categories of fathers. For example, teenage fathers are often first-time fathers and there may also be a link between first time fatherhood and postnatal depression. Clearly, violent behaviour can occur across all the categories.

Whilst we need to be aware of these overlaps, there is considerable support for the idea that services should target men with specific needs rather than try 'to be all things to all men' (Lloyd, 2001). A mapping exercise, for example, carried out by Fathers Plus project of Children North East, a children's charity covering the North East of England (Richardson, 1998) supports the notion of targeting. Their audit of group work with fathers throughout the North East of England uncovered a wide range of projects which are grouped under community-based group work, work in custodial settings and academic and research activities. One conclusion from the survey is that the most effective group work should target men with specific needs, such as young fathers and separated fathers.

However, as this literature review demonstrates, there is still limited evidence on 'what works' with specific groups of fathers. This paper, therefore begins by summarising some of the lessons which are emerging generally from fathers' projects in the UK. These are then drawn on to inform the discussion in relation to specific groups of fathers.

Conclusions from the literature on 'what works with fathers' more generally

Lloyd (2001) notes from his research into **ten** established projects that there are common themes which were significant in understanding why these projects worked and lasted. I have used these, in conjunction with my own experience, to compile the following:

- **Projects were very clear or became very clear about their purpose**

Lack of clarity, for example, about why one is setting up a fathers' group can result in difficulties in recruitment. A lot of groups which are successful focus on an issue or a specific category such as young fathers.

- **Fathers were reached when a multi-faceted targeting approach was used.**

Men do not use general services such as GPS as much as women and they do not use child care services either. The use of traditional routes to reach fathers is likely to meet with limited success. Suggestions from projects include the use of the local radio, advertising in pubs, on the internet, in sports facilities, local cafes. 'Word of mouth' is possibly the best means of recruitment but of course relies on at least some men having positive experiences and then passing on that information, so this is slightly 'chicken and egg'. Female partners can be a source of referral. Agencies are also a source of referral but care would need to be taken to ensure that such referrals were appropriate and fitted with the services Sure Start was prepared to offer.

- **The projects 'liked fathers' and communicated that to both fathers and other agencies and were positive about the contribution fathers could make.**

It is easy to see men and fathers solely as problems and risks and there is evidence that they are and can be. But they can be positive resources for children and for mothers and share the tasks of bringing up children. They can also be a resource who is often overlooked when mothers are struggling with caring for children.

- **Projects recognised that recruitment of fathers took time and needed to be sustained.**

Resilience is key. Engaging fathers requires both optimism and the ability to plod on when a lot of effort appears to yield poor results. This echoes some of the general issues raised when trying to engage communities generally with Sure Start but it can be sharply posed when trying to engage fathers.

- **They understand what motivated fathers to get involved**

There will be diverse reasons for getting involved. 'A crisis' can provoke the desire, for example, when a father is likely to lose contact with his children or become the sole carer. Sometimes, it can be due to a change in the family's situation. One father I interviewed who became involved in Supardads had taken on the bulk of the child care because of the mother's employment position and wanted to meet other adults to get a break. He was put off by the woman-dominated atmosphere of other facilities and welcomed the fathers' project because he did not feel so unusual as a male carer there.

- **There were identifiable skills and attitudes common to project workers – these included knowledge of fathers and fathering *but***

Although women express clear preferences often in terms of the gender of workers, this is not as clear cut in relation to men. It is important that Sure Start is not wholly staffed by women in order to give a general signal about gender equity and stop men feeling that 'it is not for them'. An important barrier in terms of engaging men in more traditional resources has been the perception that they are primarily for women and children as there are no men around in any guise. Sure Start needs to be aware of that in terms of its general culture. However, women can and do work successfully with men around father issues and men do not always wish to work with other men. This is partly because of homophobia but also because many men prefer to talk to women about issues such as relationships and child care as they see them as more qualified in these areas. There would appear to be some evidence that young childless women workers can face barriers in engaging men because

they are not perceived to have enough expertise. However, overall, the attitude of the worker is more important than their gender.

- **There was a recognition that fathers were also men and programmes and recruitment strategies were adapted to take this into account**

It goes without saying that stereotypes and assumptions about men are important to understand and reflect upon. 'Many people still believe that men are unable or unwilling to express their emotions, or unable or unwilling to explore their roles as men and as fathers'. (Lloyd, 2001, p.86). There is evidence emerging from the projects around the country that such assumptions are untrue. However, clearly men and fathers are diverse and vary in their interest in or ability to engage with fathering issues. Moreover, they differ in how far they identify with stereotypes around masculinity. Local knowledge in relation to particular cultures is clearly vital here but also needs to be reflected upon carefully. For example, there are assumptions that working class men are more chauvinistic than middle class men. The evidence from projects does not bear this out. There are also assumptions that because large numbers of African-Caribbean women are headed by a lone mother, then there is either not a man involved or he is not interested in being involved. Again this needs to be questioned as the research on such family forms reveals quite a complex picture and that degrees of involvement vary.

What works with first time fathers.

An interesting piece of research from Australia with first time fathers challenges many common assumptions about masculinity and fatherhood (Lupton and Barclay, 1997). For example, having a baby was identified as a highly emotional process by men from a variety of backgrounds and there was little evidence of men feeling they should repress their emotions about becoming a parent or of feeling unable to acknowledge how important it was to them emotionally. Moreover, models of fatherhood increasingly champion men's ability to express affection for children openly and to be more involved with their children. A recent piece of research with first time fathers in East Anglia by Henwood (2002) would concur with this. This research suggests that there is an 'involved father' model which is much more widely available than hitherto and invested in more widely by men from diverse backgrounds. This model, however, poses difficulties because of the tension between being involved and economically providing, which is still seen as an important aspect of the father identity.

Until recently there was little support at a policy level for either men or parents generally wishing to combine childcare and work. This government has introduced the right to paid paternity leave and from next April both parents have the right to request from employers that they work more flexible hours. They have recently announced a publicity campaign to make men aware of their entitlements (news report in *FatherWork*, Summer, 2002).

Becoming a parent is an important transition in both men and women's lives. There seems to be research evidence to support the view that with better preparation for fatherhood and parenthood, the attachment between father and child, as well as between father and mother can be greatly strengthened. In addition there seems to be some evidence that better preparation facilitates fathers becoming more involved post birth (McKeown, Ferguson and Rooney, 1998).

Furthermore, there seems to be some evidence which would suggest that difficulties can arise if fathers are not prepared or supported. In a very accessible book on fathering which offers quite useful guidance to 'would be' fathers, fathers and agencies, Cohen (2001) looks at the anxieties surrounding the transition to fatherhood. He stresses the importance of partners sharing their anxieties about the changes in their lives, a point which is also made

by Relate (quoted by Rice, *The Independent* on Sunday, June, 9, 2002). In one study on first-time fathers, 62 percent were found to be suffering themselves from 'baby blues'. This was not depression as such but an agitated state of mind resulting in erratic behaviour. Relate argues that young and old fathers alike may be affected. It's been called the 'Peter Pan Syndrome' which emerges particularly when men become fathers for the first time. Some leave, some turn into domestic tyrants or regress into a second childhood of their own (Rice, *The Independent* on Sunday, June, 9, 2002).

The National Childbirth Trust provides some information material for fathers to be and has recently conducted research with 817 new fathers. Forty percent did not feel they got the information they want about what will happen during pregnancy and birth (Singh and Newburn, 2000). They wanted more information about topics that ranged from their partners' mood swings to how to cope with the baby crying, to sex after childbirth. Women were men's main source of information about pregnancy, birth and postnatal issues. The research found a third of men were unable to attend antenatal classes because of work commitments, 10 per-cent had no idea there were classes they could attend. Younger fathers between 15 and 19 were embarrassed at the idea of attending. A third of those who did attend felt they were totally ignored.

The National Childbirth Study went back to the men six months after the children were born – only 53 per cent answered and these were likely to be those most involved – most said the birth had been a wonderful experience. However, the study found many men across classes anxious about balancing family and work commitments.

Possible ways forward for Sure Start (Bramley) in relation to first time fathers:

- A simple leaflet for first-time fathers could be developed outlining their entitlements in relation to paternity leave and flexible working. This should be displayed prominently in All Sure Start facilities.
- The information leaflet for fathers developed by the National Childbirth Trust should be displayed prominently.
- Links could be made with the National Childbirth Trust to ascertain their activities in the local area/region.
- Consideration could be given to developing a group for expectant fathers (perhaps run in conjunction with the Trust) as a concrete Sure Start initiative in relation to fathers. However, this would need to be considered alongside the other possibilities outlined in this paper in relation to other services. In my conclusion I offer a view on what I feel the most feasible and realistic priorities for action by Sure Start Bramley should be.

Teenage fathers

We have a few statistics here in terms of numbers nationally. Furthermore, there is not a lot of research into working with teenage fathers. They are invisible as a group. We have no way of knowing how many there are, how many maintain close relationships or what form these relationships take. In part this is because the law requires a mother's details to be recorded at birth, but nothing needs to be included about the father. Unmarried fathers have no legal right of contact with their children currently. Ninety per cent of teenage births occur outside marriage and more than half of all teenage relationships break down. Research reveals that they are more likely to be affected by unemployment, poor housing and a lack of education.

It would appear, although we cannot be definite about this, that women are more likely to be teenage parents than men, as the fathers of children born to teenage mothers are usually older than the mothers (Burghes et al, 1997).

A lot of what is researched is concerned with young fathers, which can include teenage fathers, but also those in their early twenties. Given the paucity of research about teenage fathers specifically this briefing will focus on young fathers for a number of reasons:

- This research does contain specific references to teenage or adolescent fathers
- There is some local evidence from an evaluation of a project in Huddersfield (Supardads) that a focus on teenage fathers is too narrow to build service developments around, partly because they are so invisible and it may be more fruitful to develop a focus on 'young fathers' which may include teenage fathers if they are available (Featherstone, 2000).

Marsiglio and Cohan (1997) have conducted a literature review within psychology and primarily focussed on the US, which looks at the issues for those who have children when they are adolescents or in their early 20s. They argue that, from both a life course and developmental perspective, many of the circumstances surrounding young fathers' paternity differ from those related to the general population of fathers. These are the kinds of differences which can be apparent.

- They have not finished their formal education
- They have not secured steady employment
- Invariably, the pregnancies are unplanned
- They are at different stages of psychological development in terms of the life cycle as well as lacking opportunities to accumulate material including financial resources.

When young men become parents, they are often still developing the capacity for abstract and logical thought that is necessary to cope with complex social and psychological situations. Thus they may be confronted with paternal responsibilities before they have the cognitive and emotional maturity to handle them effectively (Marsiglio and Cohan, p.229). Furthermore, it is argued that they will often experience a self-centredness that may prevent them from putting the needs of their children ahead of their own. This affects the expectations they may have of their children because they are often unaware of young children's, especially infants', developmental stages. Crucially, this can mean they have unrealistic expectations of their children. This may reflect social as well as cognitive immaturity since they may have little experience of being around and caring for children.

It is also argued by Marsiglio and Cohan that the typical path of males' gender role development represents another instance in which young men's developmental course and the responsibilities of parenthood interact to the detriment of young fathers' children. 'Adolescent boys are often confused as they confront their new found sexual maturity and struggle to form their own adult male identity. This anxiety prompts many boys to cling to traditional masculine gender roles by aggressively distancing themselves from feminine activities' (p, 229). Thus to the extent to which they adopt traditional gender roles and devalue feminine qualities, they are likely to be ambivalent about child rearing responsibilities.

However, it is important to note that little research has been done to test out these assumptions as most studies of young parents still focus exclusively on young mothers. Moreover, it is important not just to look at young men in isolation but to locate them within their familial and social contexts. Crucially, the relationship with the mother affects their ability to be or stay involved with their children. Such relationships, particularly for very young men and women, tend not to be long lasting. Furthermore, wider kin such as grandparents play an important role either facilitating or hindering such involvement. Their peer group is important also.

Negative depictions of teenagers and young fathers are increasingly being contested by research and the evidence emerging from some of the young fathers' projects looked at below. Current research being conducted by Bristol University for Policy Studies argues that they should and can be helped to make the transition from 'father-to-be' to involved parent. In support of this the work of midwives and of parenting classes in prisons has been offered (Clarke, *The Independent* on Sunday, June 9, 2002).

Parenting classes that have been driven by the needs of the fathers have shown encouraging results according to some writers (Dallas, Wilson and Dalgad, 2000). Daniel and Taylor (2001) note developments in the US where in ten cities three year demonstration programmes have been established where job support agencies and community based organisations work in partnership to provide support to young and impoverished fathers. Also a young fathers' programme in Arizona encourages young poor fathers to understand and undertake the financial, emotional and legal responsibilities of fatherhood (Valois, 2000). It shows that adolescent fathers remain involved with their children and take their financial responsibilities seriously but practitioners may need to help them pursue educational or vocational qualifications in order to give them a realistic opportunity to actually undertake the responsibilities (Elster and Lamb, 1986).

A key difficulty encountered in the US is that the child support enforcement system is perceived as complex, punitive and fraught with bureaucratic barriers. Child support demands come when young men's prospects for employment are poorest – many have not even finished high school. Fathers must choose either to quit school and seek full-time employment, stay in school and struggle to support their children or engage in illegal activities to acquire money.

A key difficulty in this country is that unmarried fathers do not have parental responsibility although it is planned to change this shortly. They are also subject to the Child Support Act in this country. Consequently, when they are approached by professionals seeking to engage them, such professionals may be viewed with suspicion. This was the experience of Supardads in Huddersfield as the men sometimes felt that they were being sought out for child support purposes.

One project in this country, Mancroft Advice Project, offers information, advice and counselling to young people aged between 11 and 25. It has run a group for young fathers since 1993 which was started at the request of some young fathers themselves.

This has been a 'talking group' for much of the time with an initial focus on their needs as young men, not parents. Over time fathering issues have come to the fore particularly for those wishing to have more contact with their children. Feelings about their lack of self worth have been a recurrent theme for the group.

Over seven years, the group has gone through a number of phases with a core of 5 staying involved. It has at times functioned as a therapeutic group and whilst this was uncomfortable, it helped the fathers to become more focused and respectful of each other. The group received funding at one point which resulted in a range of initiatives including a Young Men's Fact Pack. This Fact Pack gives information on legal issues, services and facilities. Legal issues are important as many require information about their rights as fathers or, more accurately, their lack of rights often.

There was some media publicity attached to the Fact Pack – this challenged assumptions that all young fathers are irresponsible and drew attention to how often they feel misunderstood and on the edge of their children's lives. A summary of this project's work is contained in Lloyd (2001).

According to the workers the key outcomes have been:

- The young men established or maintained contact with their children.
- They learned from their mistakes so those that have gone on to father other children have been active from the beginning.
- The young men shared a belief in the importance of being a 'good father' and while they struggled to live out that belief, the group has supported it.
- They gained new skills and grew in confidence.
- Their identities as fathers were valued.

Some of the issues raised in this project are replicated in the findings of an evaluation of Supardads, a project in Huddersfield which had as one of its targets young unemployed fathers (Featherstone, 2000). This project seemed to successfully engage a core of young men, the majority of whom were white. Legal issues were important and some of the young men were both ignorant of their rights and felt very powerless. This project had a number of strands: a drop in group on one day for fathers and their children (and partners or ex partners), individual casework which was also on a drop in basis, and activity sessions. One of the issues that emerged from this work was the importance of not ignoring the needs and rights of men's partners. It could be dangerous to encourage young men to assert their rights to contact without having an understanding of the woman's views. The worker did encourage women to use the facility and did get involved in meetings with both men and women about contact arrangements. A further issue which emerged was the importance of building up trust with young men who tended to be suspicious of professionals. This is replicated in the research conducted by Ormiston Children and Families Trust (Pugh, 2002).

Ormiston Children and Families Trust conducted research into the needs and views of fathers residing in East Anglia where trust projects were established. The aim of the research was to gain a clearer picture of what fathers want from the services the trust provides and their role in the care and upbringing of their children. The study was conducted in two stages. The first stage involved surveying a total of 87 fathers from four target groups: lone carers, fathers who have used a service, fathers whose families have used a service and fathers who had no contact. Eighty seven responded to a questionnaire, the vast majority of whom were white. The second stage sought a more detailed understanding of fathers' views through focus groups and individual interviews. Thirty seven fathers were interviewed. An overall age breakdown is not provided in the report.

But there is a breakdown of 25 fathers interviewed throughout 2001 which shows that fathers' ages ranged from 17 to 47, nine were under 25 and three under 20. The data on young fathers contained in the report indicates "that all the very young fathers, though proud of their status and keen to be supportive to their children, felt somewhat isolated and lacking in confidence about being a father. Some lacked family support, either because they had moved away from their home town or had grown up in acre or had families with problems of their own. They commonly talked of feeling stressed, and hinted at anxieties about losing control and resorting to violence towards partners or children' (p.15).

Generally, all the men were asked about attitudes to seeking help. They identified the following issues as barriers: male pride, fear of failure, and past experiences. Even where they overcame the hurdles they were often put off by aspects of the service provided which did not meet their needs. These included: feeling greatly outnumbered by women users, no male staff, and activities not appealing to men or not male friendly.

What those who did participate think is important, clearly. They were far more likely to access services if they are perceived to be for their children's benefit and not for their own.

A 21 year old said that his main motivation was to get help with bringing up his boy differently from his own experience. The conclusion from Ormiston was that, for example, classes aimed at 'boosting your child's brain power' are far more likely to attract men than anything that hints at a problem within the parent. This has also been found by the Pen Green Family Centre in Sheffield where sessions held under this title and run by a professor proved attractive to fathers.

In terms of staff attitudes, the Ormiston research found that many fathers have low expectations of how they would be received as men. They wanted time to get to know staff, opportunities to observe them at a distance and check people out before committing themselves to getting involved. Several mentioned that they would want to know about the qualifications of staff.

Possible Ways forward for Sure Start (Bramley) in relation to teenage fathers:

- It would be unwise to develop a strategy solely around teenage fathers as all the evidence would suggest that they are hard to reach.
- However, there is merit in considering a specific orientation to young fathers.
- This would need to be flexibly organised initially in order to test out needs and levels in interest.
- One possibility is to have a drop in facility one afternoon a week which is aimed specifically at young fathers and where their children are also welcome. The aims would be: to offer a specific facility for fathers and their children; and advice and information slot; and the opportunity to meet with other young fathers. Play activities would be available and two workers would be needed initially. One could deal with particular issues on an individual basis with men and the other could be available to introduce men to each other, organise an informal chat session (initially). This could become the nucleus of a more formal group.
- Another possibility is to have an ongoing drop in session along the lines set out above but to have at least half the session formally organised around a topic. Although clearly some topics would need to be chosen by workers to get the programme going, every effort should be made to elicit fathers' views on that they would like covered.
- Given the issues raised earlier about the complexity of contact issues and the dangers of conflicts between adult partners, consideration could be given to ensuring that once a month at least, female partners or ex partners were welcome.

Domestic violence

Specific programmes aimed at changing men's violent behaviour were first developed in the USA and Canada and have been variously developed in the UK. The most well known is the Domestic Abuse Prevention Project in Duluth, Minnesota (Pence, 1988). These programmes have been run on pro feminist lines and have used cognitive behavioural methods to get violent men to accept personal responsibility for their behaviour. They are often court mandated.

The work remains contentious because it is argued that ineffective interventions could leave victims in greater danger, divert perpetrators from more severe criminal justice sanctions and lose many participants through non completion of the project (Mullender and Burton, 2001). Issues such as compliance have been dramatically improved in one American project by rigorously applied court reviews at the beginning, middle and end of the process. In the UK, Respect (2000) provides minimum standards and good practice guidelines, including an emphasis on the safety of women and children.

According to Mullender and Burton, who have conducted an international literature review, the evaluation of effectiveness is notoriously difficult for a range of methodological reasons. They argue that partner reports on repeat violence and equality of life are now emphasised in the more sophisticated evaluations as the most reliable measures. Findings from the USA suggest modest success in reducing overt violence with the most dangerous time being the first six months after the group and a hard core of men continuing regularly to inflict serious injuries.

Dobash et al (2000) evaluated some of these programmes in the UK and found them to have some success in reducing violent behaviour. But according to Mullender and Regan the British research needs to be treated with caution because of the size and number of studies conducted.

It would appear that in terms of process, it may well be the adoption of group work process that obtains the best results rather than a simple instructional format. Dobash et al (2000) studied what men said had most effect upon them in two programmes in Scotland. It was not only specific aspects of the content but also the discussions in the groups which was influential. Skills cannot be learned from a manual. Adequate training and professional experience are crucial ingredients. Furthermore, inter-agency working is vital in terms of ensuring the safety of women and children.

Work with perpetrators will only ever be part of the domestic violence picture and of secondary importance to meeting the needs of women for emergency services, outreach and after care. It should not take a disproportionate amount of public funding. However, there is modest cause to believe that it can work with some men and that the group work skills of practitioners are an extremely valuable asset to a society aiming to confront collusion with the denial and minimisation of violence'. (Mullender and Burton, p. 93).

Work with perpetrators clearly involves looking at their roles as fathers. However, there is little evidence of fathers' groups addressing the issue of domestic violence or service initiatives which specifically focus on violent men as fathers. There is also evidence that some well-established fathers' projects do not see their work as falling within their remit.

Some projects work with anger and discipline issues. NEWPIN is a national voluntary organisation set up in 1980 which helps parents under stress 'break the cyclical effects of destructive family behaviour'. Through a network of 16 local centres, it aims to provide long term emotional support to enable both parents and children develop their potential. It is to some extent focussed therefore on parents' violence towards children rather than their violence to their partners. It has been involved in fathers' work since 1994. This emerged from a recognition that 'lack of support for men to develop positive, close relationships with their children was a major social problem with damaging social consequences for the whole family'. The work was developed in conjunction with a man who had worked at a local domestic violence project for men. It was a group work programme of considerable intensity, 35 weeks and two and a half hours long.

Since the initial programme the project has developed substantially. There is now a separate fathers' centre with two full-time workers (based in a Sure Start area). There is an eight week and a nine month programme. A gender and race mix operates in terms of facilitators.

Tensions have emerged in NEWPIN in relation to this work. Their core activities have always been with women and children and often involved child protection and domestic violence issues. Consequently, concerns about women's safety have been raised by the work with men. These tensions have been openly addressed and are worked with in terms of the organisation of services.

On the fathers' course run by the Rugby Parents' Centre violence and discipline have been common themes of the course, although this is focussed on violence to children. Fathers have mentioned having difficulties with anger and partners have suggested the course as a way of dealing with their tempers.

Other services such as Pen Green Family Centre in Sheffield, who have a well established gender strategy and do a considerable amount of work with fathers, have consciously not worked with men who are violent to women as it is believed that they need a more specialist service.

A recently published book from the US (Bancroft and Silverman, 2002) looks at parenting issues in relation to men who 'batter women'. They use the terminology batterers and battering and I will adopt their terminology for the purposes of outlining their conclusions. According to the authors' improved intervention with battering fathers has the potential to contribute to emotional and physical safety for women and their children and in the long term to improve the quality of life for batterers themselves' (p.188). However, it is clear that they do not see this work as being carried out just with the men themselves. They argue for the following:

1. The need to be aware of the effects of domestic violence on family interaction patterns, including the dynamics of the relationship between mothers and children, the relationships among siblings and the interactions between family members and the outside world. Statements made by batterers to professionals or by their family members cannot be taken at face value. Dynamics within the family sometimes are revealed to contrast sharply with original appearances. In some families affected by domestic violence, children may see the batterer as likeable and the mother as depressed and mistrustful and the siblings may have bitter tensions among themselves. Another family may see the mother and children united with little apparent internalisation of the abuse. The authors argue for the need to be aware of abuse related trauma and traumatic bonding.
2. A batterer's behaviour towards his adult partner in itself reveals important information about his parenting – battering of the mother needs to be understood as a parenting decision and reflects on his ability to think well about his children's safety and well-being.
3. It is important to be aware of differences between batterers but this is complex as some of the men least violent to adults have been the most psychologically injurious to children.
4. Risk does not end when the relationship does.

They argue that batterer programmes generally need to expand their level of attention to children's issues particularly with respect to the parenting of batterers and to weave that awareness into all of their counselling and policies. The curriculum of each batterer programme should include the following:

- Education on appropriate parenting.
- Education on the effects on children of exposure to domestic violence.

- Identification and confrontation of behaviours that undermine the mother's parenting authority or that damage her relationship with the children.
- Identification and confrontation of behaviours that involve using the children as weapons against their mothers.
- Education on the effects of child sexual abuse and the proper respecting of children's boundaries.

According to the authors, batterers programmes should contact any current or past partners of the batterer with whom he has children to inquire about his conduct as a parent and to find out whether he is involved in ongoing litigation regarding custody and visitation. The programme should inform the mother of any arrests that the batterer has had for domestic violence offences of which she may not be aware. The programme should provide the battered mother with any information she requests regarding the batterer's participation in the programme and history of offences (with the exception of confidential information collected from other current or past partners). Programmes need to develop links to programmes for children exposed to domestic violence and to children's services. Batterer programmes should advocate for the protective needs of children alongside other agencies.

Possible Ways forward for Sure Start (Bramley) in relation to fathers and domestic violence

This is complex territory and it is not accidental that community based programmes have not felt able to take on work with fathers around domestic violence. My own view is that it would be more feasible and in line with Sure Start's overall targets to think about doing some work with men around parenting which looked at their use of discipline and their anger. This work would key into issues around their use of violence to children and partners. This could be developed further over time through links with the Leeds Inter Agency Project and could become more clearly focused on domestic violence. Clearly, an inter-agency approach is central here.

Work with fathers whose partners are struggling with Post Natal Depression (PND)

There does not appear to be much activity specifically with men who are the partners of women suffering from Post Natal Depression or this work is not well documented. It is clear, however, that projects working with fathers contain families where post natal depression is an issue. For example, one project which worked with fathers suffering from depression run by a male counsellor at a doctor's surgery (The Blackburn and Darwin's Fathers' project) did include work with a father worried about his partner who had post natal depression following the birth of a child with Downs Syndrome. Another had taken on caring responsibilities because of his wife's difficult childbirth. The group helped the men to feel valued and to feel they had a role to play.

In order to compile this briefing I spoke to Nick Davison who is a community psychiatric nurse at Leeds Parent and Child Unit. He and a colleague, Debbie Hemmingway, do one-off home visits to men whose partners are suffering from depression or psychosis following childbirth. This visit offers information and advice to men in relation to what treatment their partners are receiving and the issues that may be raised for the family. Ongoing support is not offered to the men. There are plans to produce a leaflet for male partners but this leaflet will be designed specifically for user of this service.

Both Nick and Debbie would be happy to offer advice and support if Sure Start (Bramley) did set up a service for male partners.

Possible Ways forward for Sure Start (Bramley) in relation to fathers and PND:

Given the importance of tackling Post Natal Depression to Sure Start generally and the work already done in this area with women, **I think an initiative in relation to male partners is potentially the most useful and feasible for Sure Start (Bramley) to consider.** There are people locally who would be willing to advise and there is a wealth of knowledge on the subject of post natal depression. It would need planning and thought in terms of the specific needs of male partners. However, if it started as a support group then the issues identified by the men themselves could form the basis of future work.

Summary

1. This briefing summarises some of the lessons emerging from fathers' projects on 'what works' generally.
2. It identifies themes from the literature which address issues in relation to: first-time fathers, young fathers (including teenagers), fathers and domestic violence, and the partners of women with post natal depression.
3. It makes recommendations about how Sure Start (Bramley) might develop initiatives in relation to each category.

Overall conclusions

It would appear that the strategy of targeting specific groups of fathers is increasingly recognised as the most positive way forward. However, there are general lessons about the culture and attitudes of workers which need to be taken on board by organisations wishing to work with fathers, irrespective of what category they fall into.

It would appear that apart from domestic violence, there are clear possibilities for developing initiatives in relation to all the groups identified for targeting by Sure Start (Bramley) and these are outlined in this paper.

My own view is that, although there is little written specifically on work with partners of women with PND, this is a very fruitful area to investigate as a first step for Sure Start (Bramley). Local support is available to facilitate this work and there is already a considerable amount of expertise in relation to PND in the area.

In relation to domestic violence, it is argued that tackling this issue through setting up a specific initiative for fathers who are violent to women would take Sure Start into very complex territory and oblige very resource intensive interventions in relation to ensuring the safety of women and children. However, the example of projects around the country which look at men's anger and use of discipline towards their children is a way into this issue. This would still raise issues about safety and would need careful planning and support.

Overall, given that all involved with Sure Start (Bramley) are still at a relatively early stage in their thinking about working with fathers, consideration could be given to employing a local consultant to help plan the work programme and / or offer ongoing support. I have ongoing contacts with David Bartlett from Fathers Direct (a national organisation, set up by the Home Office, to facilitate work with fathers) who is involved in offering such support to Sure Start projects. Fathers direct is also offering a consultancy service nationally to Sure Start. David is based locally and has worked in the past with NEWPIN, the project identified in this paper

as having considerable experience of working with men around anger and discipline issues. He is also aware of the breadth of work emerging around the country and the lessons emerging from this work.

In the Appendix to this paper I also identify other resources which could be drawn on as well as relevant reading material.

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N. Valois (2000) 'The state of the union' *Community Care*, 24, 2-8th March.

Key organisations

Fathers Direct can be contacted at www.fathersdirect.com

David Bartlett can be contacted on d.bartlett@fathersdirect.com

Their address is Herald House, Lambs Passage, Burnhill Row, London, EC1Y 8TQ

Working with Men can be contacted via Trefor Lloyd, 320 Commercial Way, London, SE15 10N

NEWPIN, The Fathers' Centre, The Amersham Centre, Inville Road, London, SE17 2HY.

Ormiston Children and Families Trust can be contacted via Gill Pugh, 333 Felixstowe Road, Ipswich, IP3 9BU.

Appendix (ii)

Support to mothers experiencing Post-natal Depression Satisfaction Questionnaire Results (group work) and Comments from the March 2003 PND Seminar

Questionnaire Results from PND Groups

*Group 1 started on 19.04.02 and ran for 7 sessions;
Group 2 started on 7.06.02;
Group 3 started on 6.09.02;
Group 4 started on 10.01.03;*

All of them ran for 12 sessions.

Each group started with 10 participants and ended with 6 or 7.

The Satisfaction Questionnaires are from Groups 1 - 3.

Four participants from three of the Post Natal Depression groups held in 2002 / 03 completed satisfaction questionnaires. Results are as follows:

- i) Ten out of the twelve participants were referred to the group by Health Visitors; one by Sure Start; and one by a Specialist Day Centre.
- ii) Ten of the participants said that the aims and objectives of the group were explained to them; two said they were not.
- iii) All of the twelve participants said that the venue for the group was easily accessible for them; and that they found the facilitators friendly and approachable.
- iv) Participants were asked whether they felt the group made their own decisions. Nine of them said *Yes*. One said *No* and one was *Not Sure*. One participant did not respond.
- v) Participants were asked whether there was anything about the group that they would change. Five of them said *Yes*. Of these, four suggested that the course or the

sessions should be longer; two suggested *better furniture*. Seven of the participants said that there was nothing they would change.

- vi) Participants were asked whether there was anything else they would have liked to have covered in the group. There were four positive responses. One participant wanted the course to cover *child behaviour management*, but only if the course was longer; one asked for *more ideas for coping with young children and anger management*; one suggested *baby massage* and *alternative remedies*; another participant responded *have your hair done*.
- vii) Participants were asked whether they found the group helpful. All of them said Yes. Five of them referred to the *support* they received from the group or from the workers. One referred to *space, time to be yourself*. One said the group was *so enjoyable...didn't want to stop coming*. One described the group as *supportive, friendly and fund*. Three participants felt less isolated: *...because I saw other people; seeing other people, not feeling isolated; finding out that I am not in the same boat (sic) nor going mad*.

One said that the group *listened, like a friend*. Another participant said that *the group made me feel slightly better*. Another participant referred to *friendships between participants; a reason for getting out of the house at least once a week*.

- viii) Participants were asked whether they thought twelve weeks was long enough for the group to run. All twelve replied *No*. One suggested that the group should run for between sixteen and eighteen weeks.
- ix) Eight of the participants from two of the groups were asked whether they would use a "drop-in" facility when the group was over. Six said that they would. One said *maybe, depending on times and child care*. The eighth replied *not ready yet*.
- x) Participants were asked how they were feeling at the end of the programme. One said *great*; one said *much better*; and two said *okay*. Eight participants gave mixed responses, as follows:
- *A bit better. I have good days and bad days.*
 - *More positive, but nervous that the group is finishing.*

- *Not as bad as I usually feel. I am seeing and talking to people with (sic) my illness.*
- *I'm still up and down; the group cheers me up.*
- *I am not feeling too bad, although not too good.*
- *Okay sometimes, but I still have a few "low" days.*
- *Today - very well; but the past few weeks have been very difficult, with a number of very low days.*
- *Up and down (I am in the process of moving house).*

xi) Participants were asked whether there was any other help and support which they felt they needed. Three replied *No*; One said *I already get support from (specialist Day Centre), but all other support is appreciated*. Five participants were looking for more help. Their responses were:

- *Continue to go to the group.*
- *I feel as though I could benefit from more sessions.*
- *Yes I would like some more help and support for a while longer as I don't want to get really low again.*
- *On-going support.*
- *Yes, more confidence.*

Three participants made no response.

xii) Lastly, participants were asked whether they would ask to be re-referred if they felt the need. All twelve of them responded *Yes*.

Comments from one of the group work facilitators

Facilitator 1 advised that participants for all four groups completed the EPND Scale at the start of the group. Her recollection was that all had scores of 17 or above, including some in the range 22-25.

Facilitator 2 has taken responsibility for completion of the EPND questionnaires, including obtaining end of programme questionnaires for Groups 3 and 4. Facilitator 1's recollection was that while some participants' scores remained about the same, most showed a clear reduction to scores of 12 and under.

Note

Facilitator 2's comments indicate that participants all had moderate to high EPND scores at T1. While comments about reduced scores for Groups 3 and 4 at T2 are generally encouraging, the evidence base for the reductions in EPND scores needs to be firmed up.

Comments from the March 2003 PND Seminar

The following are a selection of comments collated by Workshop leaders and of comments from participants at a seminar run by Sure Start Bramley for parents and agency staff on 6th March 2003.

Workshop 1

Explored the best way of supporting women with PND and highlighted *support from people who are experiencing PND*; and the role of *midwives - first port of call*.

Workshop 1 explored whether the Edinburgh Post Natal Depression Scale was useful for identifying women with PND. Comments collated included:

- *Hard enough to admit what's going on in your head, even harder to write it down.*
- *Women lie - don't want people to know how bad (they feel).*
- *Found some of the questions alarming.*
- *Fear of someone in the family reading (the questionnaire).*
- *Stigma of a mental health illness.*
- *Parents do not answer the EPDS questions accurately for fear of losing their child or being deemed an unfit mother.*
- *Questions about whether the EPDS covers symptoms such as panic attacks.*

Workshop 2

Explored the impact of PND on partners. Comments included the following:-

- *Male partners sometimes feel pushed out, they are trying to find a new role; experience loss of the former relationship; confused; feel torn between the breadwinner role and parent role - work can be worrying or a relief away from the PND isolation.*
- *No-one to talk about how it is to have a partner with PND.*
- *Lack of information and responses for men.*
- *Men sometimes feel there is no place for them in any discussion.*

Agencies need to include male partners, keep them in mind in all responses.

Next steps should include producing a straightforward leaflet for men; home visits in the evenings to include fathers.

Workshop 3

Considered the best way of identifying women with PND and issues about the Edinburgh PND Scale.

- *Some women with PND feel differently at different times of the day and week.*
- *Need for more explanation about the EPDS and for the mother to have a relationship with the Health Visitor or midwife.*
- *Explore using the EPDS ante-natally.*
- *Issues about ownership of the EPDS: could parents make decisions about their needs based on knowing their own score.*

Comments from Parents

- *Health Visitors and midwives should get involved at the ante-natal stage.*
- *My own experiences (as a parent) have given the "professionals" a broader insight into PND.*

- *More ante-natal awareness.*
- *More support and information for partners.*
- *24-hour telephone helpline.*
- *...there are different kinds of depression which can be a lot worse than your own.*
- *Thinking outside the "box" about partners and the whole family...about what mothers need and what they find helpful (not always what professionals think they need).*
- *...depression is a very personal and unique experience for each individual.*
- *...with more understanding and awareness I can empower myself and others in dealing with depression.*
- *Need for buddying schemes.*
- *...the true experts are the women / mothers.*

A local Health Visitor emphasised "ensuring home visits are more "couple" focused".

Considerable interest was engendered at the Seminar in replicating the Post Natal Depression group work programme in neighbouring areas.



Bramley Family Support Service

Evaluation Report

November 2002 - March 2003

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(a parent researcher funded by Sure Start Bramley and working with the Nationwide Children's Research Centre)

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Introduction and Acknowledgements

I was appointed as a parent research worker in September 2002 to undertake this project, and saw it as an opportunity to learn new skills. I had some previous experience of carrying out research through studying for a diploma in health and social welfare at the Open University, but had never had a part in a piece of work as involved and challenging as this.

I have a three-year old son who currently attends nursery, and am expecting a second child.

I would like to thank the following people for all their help and support throughout this project: Kathy Shaw, Debbie Flintham, Lily Reindl, Clare McMullan (Hemsworth), and Rev. Ian Drummond at Bramley Baptist Church. Also the rest of the staff at Bramley Family Support-Louise Mouatt, and all the playleaders for keeping a closer watch over the children as I interviewed their parents, and helping to gather information from the children at Storytime; the Sure Start Outreach Team for their help in distributing questionnaires and answering my questions. I would like to thank all of the parents, childminders and grandparents who agreed to be interviewed and for giving their time, and the children at Storytime who gave me their opinions. I would also like to thank Chris Hall for helping me write up the interviews.

Michelle Potts
March 2003

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Executive Summary

Background

Bramley Family Support is situated in Bramley close to local amenities. The project started from Bramley Baptist Church and later became a collaboration between the church and a charity named Spurgeon's child care. Sure Start became involved with BFS in 2000. BFS is open to people with pre-school age children from birth. Services are attended by children with parents, grandparents, carers and childminders. A large proportion of people who use BFS live in the Sure Start Bramley area. There are some people attending who live in neighbouring towns and other areas of Leeds. Activities and groups on offer at BFS include a baby and toddler session 5 mornings a week, a crèche running 3 mornings a week, a pre-school session 5 afternoons a week, a toy library in one of the baby and toddler sessions, a mobile toy library, and a safety equipment scheme.

Method

The views of some of the children at BFS were obtained in the Storytime session with the use of "Circle Time" and a tape recorder. A short group interview was conducted in a Tuesday Tots session with parents who do not use BFS to obtain their opinions. Semi-structured interviews were conducted with people who use BFS, members of staff, and the Sure Start outreach team. All interviews were tape recorded. A questionnaire was designed for parents / carers who do not use BFS and was distributed via the outreach team and in the local library.

Research priorities

The following issues were seen as priorities for this piece of research:

- The satisfaction of parents and carers who currently use the facilities at BFS.
- Investigation into possible reasons why some local people do not use BFS.
- How the connection with Bramley Baptist Church is perceived by parents and carers.
- The participation and sense of ownership of the project for local parents.

What people think about BFS services

Mixed views were expressed about life in Bramley, though people were generally positive. People generally felt well informed about the activities taking place at BFS. The notices on the walls were particularly appreciated as effective ways of passing on information. Some confusion surrounded the crèche- who can use it and where it is. A high level of satisfaction was shown with BFS. The following positive aspects were mentioned: "the staff", "the rooms", "the level of organisation", "activities for the children", "toys", "the location" and the "cost".

Most of the people who were interviewed stated that they could not think of anything that could be improved. None of the following suggestions were made by more than one person- "more staff", "parents could talk to each other more", "more to encourage parents to participate with their children", "staff could participate more", and "the booking system at

crèche could be looked at". Two people showed dissatisfaction with the waiting list for Storytime, and two people said that they would like to see more activities in the long school holidays.

Most people who were asked if people in the baby and toddler session talk to each other enough stated "yes". Friendships built up amongst attendees were mentioned, as well as appreciation of the fact that grandparents, parents and childminders seem to mix well.

Parents and carers generally feel that they can contribute by offering opinions if not to staff directly through other people attending the activities. Many people contribute by being volunteers, or plan to when they feel that they have more time to spare. Parents who do not want to be become more involved say that it is because of lack of spare time rather than a feeling of not having something to offer.

People felt that BFS is of benefit to themselves and their children, with many examples being given. BFS contributes to adult's lives by helping them have a break from boredom and the children, and giving them the opportunity to talk to other adults. The greatest benefit to children was stated as helping them to become more sociable with one another.

How people find out about BFS

Most people found out through a friend or family member. The Sure Start outreach team and local authorities were also mentioned.

Examples of ways in which BFS have worked to encourage people to attend for the first time include keeping links with the outreach team, advertising in clinics and the local library, bringing the toy library into the community and taking on work experience students from a local school.

Working relationships at BFS

The Sure Start outreach team and BFS work effectively together to pass in information to local people about the projects that they both organise and run.

Bramley Baptist Church have fulfilled their original objective by bringing members of the local community together at BFS, though people who use BFS are mostly unaware of the links with the church.

Emphasis is given on supporting whole families, not just children at BFS. Ongoing work to encourage improved behaviour of children takes place through the policy of non-physical punishment and work on individual children. Parents have given examples where they feel they are being treated as individuals by the staff at BFS. Some local parents work as volunteers for the project- their contribution is appreciated by staff.

The relationship between BFS and Sure Start goes beyond the obligations set out by the service agreement- the manager of BFS sits on a number of Sure Start sub groups. Extra events are sometimes organised between Sure Start and BFS.

Why people might not use BFS

They might be a working parent, and the times of the sessions at BFS do not fit around their working patterns. BFS may not be in convenient location for some people. People may be experiencing emotional problems, such as isolation or depression, and having difficulty meeting people may act as a barrier. Being a single parent where everybody else seems to have a partner can be a factor, also financial circumstances and the number of children.

Examples are given throughout the report of ways in which BFS and the outreach team are working hard to counteract the effect of these factors.

1. Research Priorities

This is a small scale piece of qualitative research to obtain the views of staff and people who attend BFS.

The purpose of this piece of research was discussed with the Project Manager and Deputy Project Manager (7/11/02) at BFS. They were very keen to find out the opinions of parents / carers currently using Bramley Family Service. In the deputy manager's own words "*We need to know if we are providing a service that people actually want to use.*" They were currently receiving feedback from people currently using BFS and wanted to find out if this was representative of all parents / carers. This issue of obtaining feedback was also discussed in an interview with the playleader. She was concerned that people were reluctant to give negative opinions or suggestions for improvements. She said that she would be interested to find out if someone not working at BFS would receive different opinions from the ones currently being expressed.

The managers at BFS were also concerned about people not accessing services. They wanted to know why some people do not use the services provided and if there were ways of encouraging a wider cross section of the local community to attend the groups and activities.

Issues to do with how Bramley Baptist Church is perceived by people accessing the services were also discussed.

The participation of parents at BFS was also an issue that was felt to be of importance in a meeting between the NCRC and the researcher (5/11/02). It was decided that some research would be conducted to determine how far parents have a sense of ownership of local services.

2. Methods used

Obtaining the views of the children at Bramley Family Support

The Staff at storytime have “*Circle Time*” with the children. The children sit in a circle on chairs and share special news like saying “hello” to children who are new to the group, or singing to a child if it’s their birthday. The children are encouraged to share information with the group such as what they did at the weekend. This was a good opportunity to obtain some opinions from the children.

The researcher attended two “*Circle Time*” sessions and asked the children what they liked doing at storytime, and comments were received. The tape recorder was used, for the purpose of recording the children’s comments accurately so that they could be quoted directly. The tape recorder also interested the children and they enjoyed hearing their own voices. This was a great help as they became very enthusiastic about speaking into it.

The children who were engaged in activities in the rest of the session were also asked what they were doing and what they liked. Some of them wanted to speak into the tape recorder, others did not want to and talked directly to the researcher or through a member of staff.

Group interview with parents who do not use Bramley Family Support

An interview was conducted with the parents who attend the “*Tuesday Tots*” being organised and run by one of the outreach workers in Hough Lane Early Years Centre just over the road from Bramley Family Support.

This interview was undertaken quite spontaneously- the opportunity arose to talk to a group of people at the beginning of the Tuesday tots session before they and their children began to become involved in the activities organised for the afternoon. As it was important not to take up too much time of the session, people were interviewed as a group and the researcher decided that the tape recorder would not be effective with a group of 7 people, in terms of recording several voices accurately. Written notes were recorded.

Interviews with parents at BFS

Some of the people attending the baby and toddler session were approached and information about the research being carried out was given by the researcher. To interview a representative cross-section, people sitting in every third chair in the room were approached. This was to avoid the temptation of talking solely to people who seemed more approachable and outgoing. Permission to tape record the interview was sought and it was stressed that confidentiality would be respected. All of the people approached agreed to be tape recorded, and interviews lasted 10-20 minutes. A consent form was signed by all interviewees. Some people did not want to be interviewed straight away and arranged to speak another day for various reasons- they were just about to leave early or they needed to supervise their child a bit more than usual that day. On some of the busier days, the level of noise in the hall where the session was taking place was too high to obtain a good quality sound recording. In these cases parents were taken to another room to be interviewed. The staff were very helpful and offered to look after the children while their parents had gone out.

Two of the parents did not want to leave their children so they came too, with some toys to keep them amused.

Interviewing parents at the crèche proved a little more difficult, as they were leaving their children to do other things. Some of the parents had appointments to attend so interviewing them as they were taking their children to the crèche was not the best option. Some parents were interviewed as they were picking up their children afterwards, but again some parents had to set off straight away to collect other children from nursery. Interviews here were usually shorter.

Some of the parents at storytime drop their children off and set off promptly to do other things, and so did not have enough time to be interviewed. Other parents stay for a few minutes, particularly if their child needs time to become settled before they leave, and longer interviews were conducted with them.

The interviews were semi structured. (**Appendix i**) There were specific questions, sometimes asked in a different order so that the conversation flowed better. People were also given the opportunity to raise any issues of concerns and issues of their own, particularly in the first interviews as the relevance of the questions being asked was still being assessed.

Interviews with staff

The two managers at BFS, and one playleader were interviewed to find out their opinions of the project. These interviews were tape recorded. A list of questions were prepared beforehand and a semi-structured interview was based around them. (**Appendix iii**) Some parts of the interview were led by the interviewees, as they talked about issues that were of particular importance to them.

Interview with two members of the Outreach Team

A convenient time for the interview to take place was discussed with two members of the outreach team. This was an opportunity to tell them what would be asked later so that they could talk about some of the issues with the rest of the team, before the interview who were encouraged to make a note of them. (**Appendix iii**) The interview was tape recorded and semi-structured in the same way as previous interviews with the staff at BFS.

Obtaining the views of parents and carers who do not attend BFS

This proved to be a difficult part of the project. Parents who may have been suitable to be interviewed were identified by the Sure Start Outreach Team. These people declined to be interviewed. The researcher decided that an anonymous questionnaire was the best option to obtain people not using the services of BFS.

The evaluator designed a questionnaire to distribute to local parents and carers (**Appendix ii**) who do not use BFS to find out their views on about local services and if there are particular reasons why they do not use BFS. Questionnaires were given to the Sure Start outreach team and also some were left in Bramley library and the staff were asked to encourage people with young children in fill them in.

Direction from the National Children's Research Centre (NCRC)

The researcher had regular meetings with Martin Manby from the NCRC. Direction was given in person and over the phone to assess the progress being made and to offer guidance about the content and direction of this piece of research.

3. Background Information on Bramley Family Support Project

Location

Bramley Family Support is situated near the centre of Bramley. The local shopping centre with two banks, a supermarket and various smaller shops is a two minute walk away. There is a primary school and a library on the opposite side of the road. From BFS it is a short walk to the local park and a leisure centre about 10 minutes away. The area is well served by public transport- there are frequent buses to other parts of Bramley and the centre of Leeds from the local shops.

Background information

[Information taken from "The Bramley Baptist Project", written on 18/08/1994 Clare Hemsworth (McMullan)]

Bramley Baptist Church consists of two large buildings built in the 19th century. The church has a long history of caring for the community. In September 1990, the church agreed together on a vision for the next five years, and their priorities included providing for families of all shapes and sizes.

The church then looked into the possibility of appointing a Christian worker to help them with their vision. This eventually led to talks with Spurgeons Child Care. A project manager was appointed in summer of 1994.

Spurgeons Child Care is a Christian organisation that provides for children and young people from birth to 18. The main focus of the work in earlier years was running care homes for underprivileged children. There are currently many different projects running under Spurgeons providing help and support for children of all ages.

In 1994, Bramley Family Support was being run as a partnership between Spurgeon's Child Care and the Bramley Baptist Church to help meet the social, emotional and spiritual needs of families with children under 8 in Bramley. Four main priorities were identified by the project manager at this stage. Establishing a team of Christian and non-Christian volunteers, who are well trained and supported was one of them. Listening to people in the local community and working with other statutory and voluntary agencies was another. Re-assessing activity and keeping services up to date, and opening up the service without discriminating against people were also important.

Building links with local schools, health visitors and social workers commenced at this stage. This helped to obtain ideas about local needs.

Projects that already existed at the centre in 1994 were a baby and toddler group running three mornings a week, a village café selling low cost meals two lunchtimes a week, and a holiday and evening club for older children. Future activities proposed by the church included a parenting skills workshop, a safety equipment library, a toy library and expansion of the baby and toddler group and village café (later known as "Meet and Eat"). New projects proposed after consultation with people in the community included clothing sales, an educational pre-school, and visiting elderly people. Some of these projects became popular and thrived; others did not become established. The project continued for 6 years before Sure Start Bramley became established.

Bramley Baptist Church played an important role in the initiative which led to Sure Start Bramley being launched. Rev. Ian Drummond, who had been Senior Minister at the Church since 1996, was released on a part-time basis and became a member of the partnership group which paved the way for Sure Start to be established.

Sure Start Involvement

[Information taken from "The Bramley Sure Start Vision- Investing in children by partnership (2000)."]

In the early days of the Sure Start Bramley initiative (2000), discussions took place between the founders of Sure Start, and local residents, agencies and other interested parties living and working in the area. The Bramley Family Support Project reported that they were facing constant requests to expand the services they provided. A child care survey was distributed via the primary schools in the Sure Start area and local needs and requested services were identified. A proposal for new services in the Bramley area was made by Sure Start. Development of further provision at Bramley Family Support to facilitate good quality play, learning and childcare was one of them. The provision would include toddler sessions, pre-school preparation, a mobile toy library and a shopper's crèche.

Capital investment was provided by Sure Start to adapt the Bramley Family Support building. The adaptations included bringing the building up to full regulation standards, giving better disabled access and improving the facilities. Work was carried out at a cost of £84,000. Two-thirds of this sum (£56,000) was contributed by Sure Start, and one-third (£28,000) by Bramley Baptist Church.

A service level agreement was drawn up between Bramley Family Support and Sure Start Bramley.

The services provided by BFS are:

- A baby and toddler group running five mornings a week.
- A crèche service running three mornings a week.
- A pre-school nursery session for children aged two-and-a-half to five years, five afternoons a week.
- A mobile toy library, and also a toy library based at one of the baby and toddler group sessions.
- A safety equipment scheme offering parents equipment for their homes at a subsidised price.

BFS was also running a "*Meet and Eat*" session, one lunchtime a week, providing low cost meals. This was not in the service agreement with Sure Start but was used by some of the people attending other activities at the time the evaluation was carried out.

The activities at Bramley Family Support

Bramley Family Support Baby and toddler group

The baby and toddler group is held in a large upstairs hall. The walls are painted in bright colours, and the atmosphere is lively and welcoming. At half past nine when the researcher arrived there were about ten adults- three of them staff, with around a dozen children. In the following half hour more parents, childminders, grandparents and children arrive, and the seats in the room placed in an arc at one side of the room begin to fill. There were various activities for the children spread out around the hall- a messy area with painting and sticking, a small soft area for babies, tents, jigsaws, small world activities and toys to ride on. There is a wide variety of toys and activities, and plenty for the children to choose from. This is a large room, and there is an abundance of space.

There is a general feeling of liveliness and activity in the room- some adults are sitting and chatting happily to other people, some are playing with the children, particularly with painting and jigsaws. Some of the children are well away from their carers playing confidently; others (particularly the younger ones) are sitting on adults' knees or playing close to them. There seems to be a good mix of mums of different ages, childminders and grandparents- though there was just one male adult in the room.

Bramley Family Support crèche

The crèche runs from 9.15 until 11am. It takes place in a fairly large comfortable room with a carpet, a safety gate on the door and covered radiators. The researcher came in at 9.40 to find a quiet, relaxed atmosphere. The room was very warm and cosy despite the freezing temperatures outside. The crèche was nearly full on that particular day- with a vacancy for a child over 2. Most of the children attending the crèche tend to be younger than 2 years old. Music was playing in the background- songs from children's favourite television programmes. The activities available on the day were Lego, a pretend kitchen, cars, a baby area with a soft quilt and toys, painting, drawing, play dough and a rocking horse. Sometimes sand and water are brought out depending on the ages of the children that day. At 10am the children have a snack. A parent volunteer was helping a child to paint a picture, one play worker was comforting a baby, and the other was encouraging a young child to use the potty. Parents are given a pager during the session in case they need to be contacted.

Bramley Family Support Story time sessions

Story time runs from 1pm until 3pm in the same room as the baby and toddler session. There was calming music playing in the background- sometimes classical and opera are played. The children hang up their coats as they come into the room on a peg with their names on. They put a sticker onto a cup for snack time later. There is a "fruit table" where children place fruit to share later. The room has a book area with a book of the week, a home area, an office, a painting table, dressing up, sand, water, modelling, play dough, cars and trains. There are posters with numbers and alphabet, children's paintings, collage and pasta pictures on the walls and on the soft dividing walls between activities. Staff were constantly encouraging and facilitating play- two boys were pushing pushchairs and pretending to shop- a playworker gives them a list of things to buy. Many of the children are working one or two to one adult. The topic of the moment is celebrations and two of the children are

making birthday cards. Later, half the children go outside- they go in two groups to encourage children to mix. The situation was not ideal when the researcher visited as the staff had to check that the outside area was safe before taking the children outside. BFS were in the process of building a specific, fenced off play area. Later comes snack time- the children wash their hands and gather round the table with their own cup. The fruit has been chopped up and the milk jug has a lid on and the children pour their own milk and help themselves to fruit. The children also have "*Circle Time*"- a chance for the children to sit down together.

The Toy library

As well as being mobile with the Sure Start minibus, the toy library is based in the baby and toddler session on a Thursday mornings. A book with photographs of all the toys is available for people to browse through in the session.

Safety equipment scheme

This project is still in its infancy. It aims to provide affordable safety equipment for parents with young children such as fire guards and safety gates. The costs to the parents will be means tested. A similar safety equipment loan scheme was considered several years before, but had to be abandoned through difficulties with insurance and storing items.

Meet and Eat

This project was not part of the service agreement with Sure Start at the time the research was carried out. Meet and Eat was a community café at BFS where people could eat low cost, home cooked food. At the time the research was commissioned Bramley Family Support was running a weekly lunchtime session, supported by volunteers from the Church.

4. Findings

4.1 *Who uses Bramley Family Support?*

Bramley Family Support is used at least once by around 100 families each month. The facilities are open to anyone- working and non-working parents. Children also attend with parents, grandparents, carers or childminders. They do not have to live in the Bramley Sure Start area, but most of the families attending do. Some live in neighbouring areas such as Armley, Pudsey and Farsley. One of the parents interviewed by the researcher travels to BFS from a different part of Leeds. In interviews with 25 people who use BFS, the following information was gathered.

The following table shows where people attending BFS who were approached for an interview lived:

Table (1)
Where people live by numbers of those interviewed

| | |
|----------------------------|----|
| Bramley | 19 |
| A neighbouring town | 5 |
| Live elsewhere | 1 |

Table 2 below shows the length of time that interviewees had been using BFS:

Table (2)
The length of time that the interviewees had been using BFS

| | |
|------------------------------------|----|
| Less than 6 months | 11 |
| Between 6 months and a year | 5 |
| Longer than a year | 9 |

The table below shows how people approached to be interviewed were related to the child(ren) they attended with:

Table (3)
Who the interviewees were

| | |
|--------------------|----|
| Parent | 18 |
| Grandparent | 5 |
| Childminder | 2 |

Bramley Family Support Project sends information about the number of children and families attending the project to Sure Start every month. The figures for August through to November of 2002 were obtained by the researcher.

(The following information is taken from monthly reports written by BFS management for Sure Start)

The following table shows the number of parents and families attending BFS at least once in each month:

Table (4)
Numbers of parents and families attending BFS

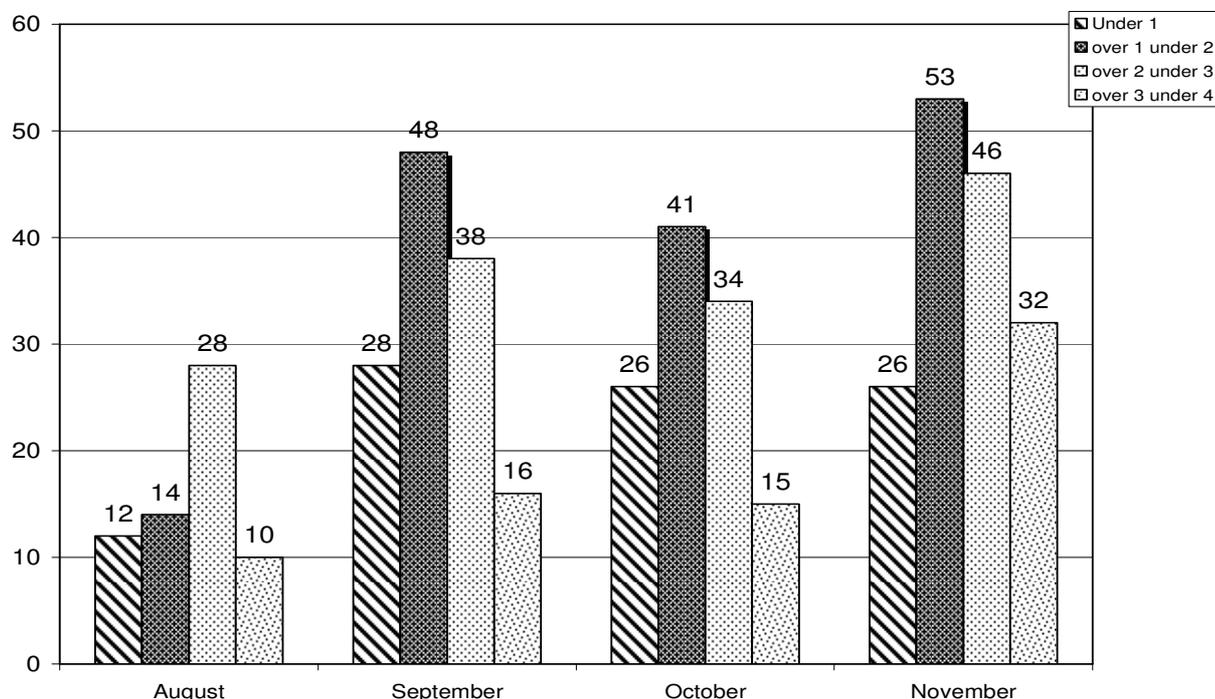
| | Number seen | | | |
|----------|-------------|-----------|---------|----------|
| | August | September | October | November |
| Parents | 51 | 114 | 101 | 139 |
| Families | 46 | 126 | 105 | 144 |

The differences in these numbers can be accounted for by the fact that some children attend with someone who is not their parent, such as a childminder or grandparent. The table and the chart below show the numbers of children grouped by their age attending BFS:

Table (5)
Numbers of children grouped by age attending BFS

| Age of child | Number seen | | | |
|----------------|-------------|------------|------------|------------|
| | August | September | October | November |
| Under 1 | 12 | 28 | 26 | 26 |
| over 1 under 2 | 14 | 48 | 41 | 53 |
| over 2 under 3 | 28 | 38 | 34 | 46 |
| over 3 under 4 | 10 | 16 | 15 | 32 |
| Total | 64 | 130 | 116 | 157 |

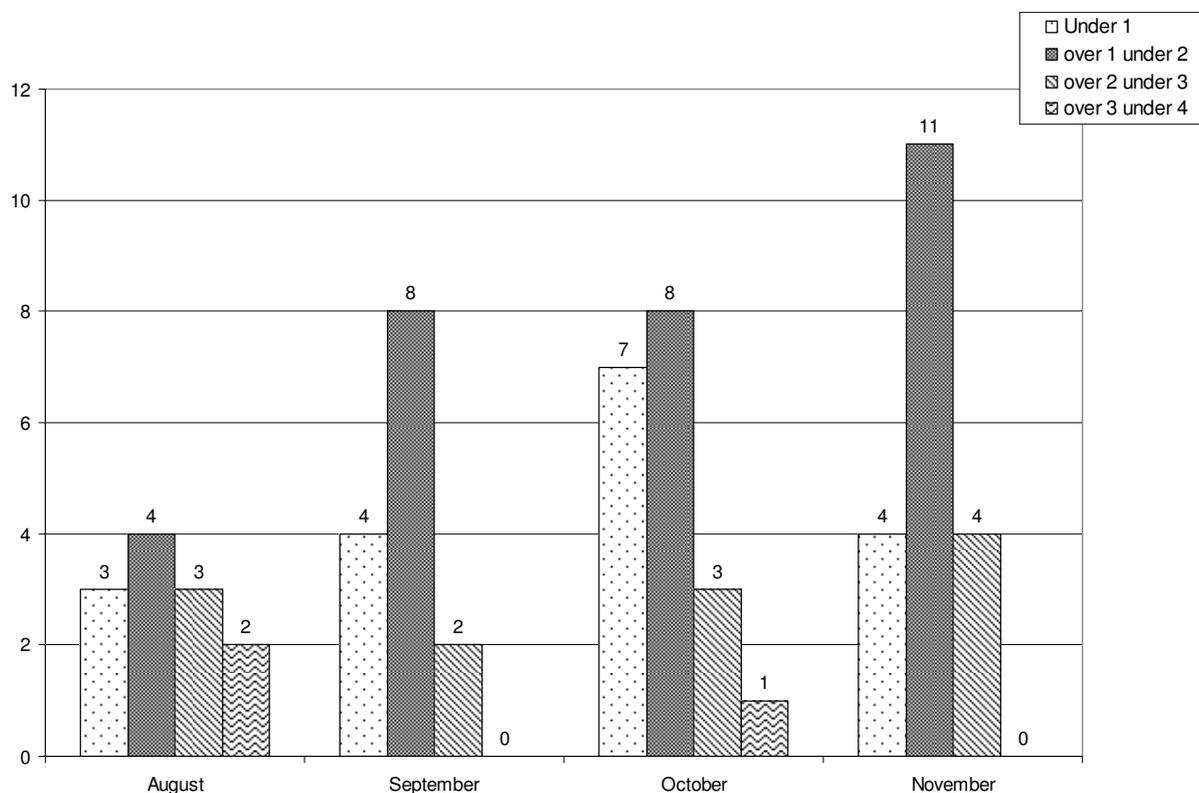
Chart (1)
Numbers of children attending BFS- figures taken from Table (5)



More children are in the 1-2 year age range than any other. Large attendance is also shown by children in the 2-3 year age range. The smaller numbers of over 3's may be accounted for by children starting nursery in a different place to BFS. The smaller numbers of under 1's may be accounted for by people finding out about BFS several

months after their babies are born, or deciding not to attend BFS with a younger baby. **Chart (2)** shows the number of children attending BFS for the first time.

Chart (2)
Numbers of children attending BFS for the first time



Children aged between 1 and 2 years account for the greatest number of children attending for the first time. There are also substantial numbers of children attending for the first time in the under 1 age range and the 2-3 year ranges. The lowest numbers of children who attend BFS are over 3.

The pattern of attendance is similar for first time attendees and attendance overall.

4.2 Views about the services provided: Parents

(The information in this section is taken from interviews with 25 people who use BFS).

The 19 people attending BFS who live in Bramley were asked if they liked living in Bramley. The replies received are shown in **Table (6)**.

Table (6)
Views of Bramley residents when asked if they liked living there

| | |
|-----------------------------|----|
| Yes | 11 |
| Not sure / undecided | 7 |
| No | 1 |

People were generally positive, with only one person saying that they disliked living in Bramley. This was reflected in a questionnaire carried out in Summer 2002 at BFS where respondents had similar opinions.

Seven people had mixed feelings about living in Bramley.

"I wouldn't say it was the best part of Leeds, but better than some places."

Aspects of life in Bramley that people stated as positive appear in **Table (7)** below:

Table (7)
Positive aspects of life stated by people living in Bramley

| | |
|------------------------------|---|
| Shops | 6 |
| Children's activities | 8 |
| Family | 2 |
| No response | 9 |

The availability of activities and facilities for young children were identified as a positive aspect of living in Bramley. Examples were given of groups being organised by Sure Start and BFS- showing that they are contributing to how Bramley is perceived by people in this interview as a place to live. As local parents stated-

"I've started going to a few local groups and I'm busy every single day."

"There's plenty of things going on for the children."

Respondents were asked whether there were negative aspects about living in Bramley. Their responses are shown in **Table (8)** below:

Table (8)
Negative aspects of life mentioned by people living in Bramley

| | |
|---|----|
| Crime / vandalism | 2 |
| Drug abuse | 2 |
| Not enough for older children | 3 |
| Not enough affordable activity | 1 |
| Poor medical facilities eg GP, dentist | 1 |
| No response | 16 |

Comments received included:

"I moved here a year ago [from another part of Leeds] and I think that the doctors and dentist are worse here."

"I personally think swimming is too expensive- I have two young children, so I have to go with my husband. It costs us nearly ten pounds and we might only be in there 10 minutes."

People mentioned negative aspects of living in Bramley with a degree of acceptance:

"I know there's a lot of trouble, but where I live I don't really see it."

"There's crime here, but you get that everywhere."

Interviewees were asked how well informed they feel about activities and sessions taking place at BFS (see **Table (9)**) below:

Table (9)
How well informed people feel at BFS

| | |
|--------------------------|----|
| Well | 18 |
| Fairly well | 7 |
| Not well informed | 0 |

Two people mentioned that they found the notices on the wall particularly helpful:

"When you come here, there are plenty of notices about so you know what's going on"

There was some confusion the use of the crèche though. One person thought that they could not use it and it was part of another project. Another person attending the baby and toddler session said:

"I thought this was the crèche!"

She thought that some parents left their children in the session and did not realise that the crèche was in a different room.

One parent commented on how other parents / carers helped her to find out information about BFS.

"I've heard that Storytime teaches kids how to start reading and would like to put his (her child's) name down when he's a bit older."

When asked what they particularly liked about BFS, numbers of people mentioned the following

Some people mentioned more than one aspect of BFS that they liked (see **Table (10)**) below:

Table 10
Aspects of BFS that parents / carers particularly liked

| | |
|---------------------------------------|----|
| Level of activity for children | 9 |
| Toys | 8 |
| Staff | 17 |
| Room | 2 |
| Cost | 2 |
| How it is organised | 3 |
| Location | 6 |

General comments received

"I wouldn't come if I didn't like it!"

"I like it very much"

"We're used to coming here. We like the staff. It's also handy for the shops" (parent in Storytime).

Plenty for children to do

Nine people remarked that the children had plenty to do while at the centre.

"I like the little sing-song at the end"

Toys

Positive comments about the toys were received from 4 people. The range and condition of the toys was mentioned. Interviewees remarked on their cleanliness and quality.

"There's always different toys out... and they're clean and tidy...very clean"

Staff

Of the 25 people interviewed, positive comments about the staff were received from 17. Comments were made about how helpful the staff were. Staff were seen to be keeping an extra eye on the children by some people.

"(The staff are) very friendly, approachable. They seem to be very good with the children. They're always keeping an eye out if you're not watching them 100%"

"I know you have to supervise your own children, but the staff seem to look out for them as well."

The staff were described as friendly, approachable and good with the children.

"The staff have noticed that we haven't been for a couple of weeks...that's good. They do notice you."

"I like everything really- the workers- they're friendly. They look after the kids well. They're really friendly" (crèche)

Three parents at the Storytime mentioned that they found out about Storytime by coming to the baby and toddler session and particularly liked the fact that their children were already familiar with the staff.

Space available

The amount of space available in the room for the baby and toddler session was commented on. Two people remarked that the children have plenty of room to move about and play.

"They (the children) can just come and run around, play and be noisy. There's the space to do it."

The cleanliness of the room was commented on by one person:

"I think it's clean- he (my son) crawls around on his hands and knees and his trousers are still alright- I've been to groups where I've had to throw them away."

Cost

The cost of the baby and toddler session was stated as a positive aspect by 2 people:

"It gets you out, and for the money you can't go wrong"

A parent who uses the crèche for 3 of her children said:

"The kids are always wanting drinks and sweets when we're out, so it saves me money!"

Well organised

A comment was received about the organisation and structure of the storytime session.

"Its very well structured...they cover just about every aspect that they need in order in prepare them for school."

A childminder commented at the baby and toddler session about how they could see regulation standards being met and a level of competent professionalism. One parent made the following comment-

"There's plenty for them to do...and it's quite well organised."

Location

The location of the Centre was seen as a positive aspect by six people, and in some cases was one of the major factors in deciding to use BFS. Being near a primary school was a factor for some parents. The proximity to the local shopping centre was also seen as a good advantage for parents and carers taking children to Storytime and the crèche. They found that they could go shopping and pay bills while their

children were occupied. Also three people appreciated the fact that BFS is a short distance from where they live.

Aspects of the service that parents / carers feel could be improved in some way

15 people said that they could not think of anything that could be improved, some who did give answers had to think for a while and come back to the question.

Staff

A comment was made about how some of the staff could be more involved with the children at the baby and toddler session.

One person commented that she would like to see more staff in the baby and toddler session.

Activity

Issues to do with encouraging some parents to participate more in the activities with their children were discussed by a grandparent.

"I think some of the mothers could be encouraged to do more with their children."

One parent commented on the toys-

"Most of the time they have a lot of toys out, sometimes they could do with having more out so the children don't get bored."

Waiting lists and booking

The system of booking the crèche was an issue for one parent using it for her children. Some dissatisfaction was found with the fact that sometimes there are not enough places even when somebody who had previously booked did not turn up.

A parent in the baby and toddler session said:

"I'd like to use the crèche, but it's always full isn't it?"

The waiting list for Storytime was commented on by two parents. They were frustrated because they had not been able to get their child in sooner, one parent saw a positive aspect to this-

"The only trouble is the availability. They're so popular that we had to wait a while to get him [her child] in. But maybe that's a good thing because it's a recommendation from other parents."

Summer activity

Two parents commented that they missed the frequency of the baby and toddler sessions in the long summer holidays and the following comment was received-

"There seems to be plenty to do in the summer, like trips, but I'd like to see more toddler sessions"

Relationships amongst people using BFS

The first 10 interviews carried out showed that two people were having some difficulty initiating conversation with others at the session. A question about how parents and carers feel about the way people in the session talk to each other was included in further interviews. The following replies were given:

Table (11)

| | |
|---|---|
| There is a good mix of people | 2 |
| People generally talk to each other | 5 |
| There are different people to talk to | 1 |
| I tend to talk to people with similar age children | 2 |
| People are friendly | 1 |
| We look out for each other's children | 2 |
| People could talk to each other more | 2 |

"It's good that this session is for everybody...grandparents, childminders... not just parents."

"If you haven't come for a few weeks, you come here and there's lots more different people to talk to."

"We chat to each other (parents) and sometimes arrange a night out."

"At the moment I don't know anyone, but when I get to know people it'll be better for me."

A mainly positive response was given with 13 people out of the 15 asked this question saying that people in the session talk to each other enough. Comments were made about how childminders, parents and grandparents seem to mix and get on with each other well. A comment was made about how people sometimes decide to attend on different days so that there are always different people to talk to. Also people with young babies said that others with similarly aged children tended to talk to people in the same position as them.

Two people stated that they felt that people in the baby and toddler sessions could talk to each other more.

Level of Participation for Parents

It was important to establish whether people attending the activities at BFS felt that they had a sense of ownership and influence, or if they felt that local services just happened to them and they had no way of shaping them and making their opinions known.

Making suggestions and voicing opinions

People were asked "If you had an opinion or suggestion about BFS would you be able to talk to the staff about it?" **Table 12** below shows their replies:

Table 12
Number of people who feel they could make comments and suggestions to staff

| | |
|---------------------|----|
| Yes | 15 |
| Not directly | 8 |
| No | 2 |

Typical responses included:

"Yes- they're always asking for different ideas."

Of the people who answered "yes", many stated that they would find this easy as they think that the staff very friendly and approachable. Examples were given of incidents where this has happened.

In an earlier interview with the Playleader, it was mentioned that the staff put screens around the baby area to separate the younger children from the messy activities such as painting and gluing. Some of the parents voiced concerns about the older children knocking the screens over and the screens were removed. This was also mentioned by two parents.

Eight of the interviewees, including some who had not been attending BFS very long, said that they would not be able to talk to staff directly, but would be able to talk to a parent representative or some of the other parents to put their point across.

Two people said that they would not think about making a suggestion or comment, because they did not feel they needed to.

One person said that in order to obtain comments and suggestions from people that *"...a suggestion box would be a good idea."*

Other comments received included:

"I think the staff should talk to the parents more- maybe approach them and ask for suggestions."

"I would speak to other mums and see what they think first before making a suggestion."

The following table indicates the replies of people when they were asked if they would you like to become more involved with BFS:

Table (13)
Numbers of parents who would like to become more involved in BFS

| | |
|------------------------------|----|
| No | 16 |
| I am involved already | 5 |
| Yes | 4 |

Sixteen of the parents and carers said that they feel involved enough already in the project by attending groups and activities, or that they did not have enough time to be further involved. Five of the parents spoken to already worked as volunteers, parent

representatives or help out in some other way. Four said that they would like to become volunteers when they have more time. A parent with a young baby said that she could see herself more able to give some time when her child was older.

Interviewees were then asked if they could think of ways that BFS has been of benefit to their child or children. The replies given are in **Table (14)** below. Some people gave more than one answer:

Table (14)
Ways that BFS is of benefit to children

| | |
|--|----|
| Child less Clingy | 4 |
| More sociable with other children | 10 |
| More confident | 5 |
| Learning new skills | 5 |
| Doing something different from home | 5 |
| Gaining enjoyment | 5 |
| Improved behaviour | 1 |

People were generally enthusiastic about answering this question, giving examples where BFS have made a real difference to their children. Ten people out of the 25 talked about their children being more sociable, mentioning learning to share and communicate with the other children at the sessions.

"It lets him mix, and see other children...lets him know that there's other little people like himself."

"They were concentrating on (son's name) behaviour because he screamed a lot, and they've helped calm him down and stop him screaming"

"She's not as clingy"

"He's with kids his own age and he's learning how to play and share."

"He's learning to sit down at the table with his drink."

"When she's at home and the older ones are at school, she gets bored, so it's nice to come here where there's other children."

"She's started learning songs and doing the actions."

People were also asked if they could think of ways in which BFS is of benefit to themselves. Their replies are in **Table (15)**. Again, some people stated more than one answer:

Table (15)
Ways in which BFS is of benefit to adults attending with children

| | |
|---------------------------------------|----|
| Talking to other people | 9 |
| Getting out | 6 |
| Getting a break | 10 |
| Completing tasks e.g. shopping | 4 |
| Saving money | 1 |

The benefits of using of using BFS given most in these interviews are “*Getting a break*” and “*Talking to other people*”. When discussing what “*getting a break*” means, people at the baby and toddler session talked about how they liked having children occupied by the activity in the room so that they could have time to sit down and talk. Parents at the crèche and Storytime talked about having time away from their children to calm down and spend time doing something that would otherwise be difficult, such as have a haircut.

“You can come and chat to other mums- have an adult conversation”

“It gives me an hour to do my bits of shopping” (Parent at crèche)

“I have a chance to get away from the kids and do my shopping and get my bills paid down at the centre (Bramley shopping centre)” (Parent at crèche)

A parent at Storytime mentioned how she felt at ease leaving her daughter:

“I’m confident they’ll ring my mobile if there’s a problem.”

4.3 Views about services provided: Children

Comments from the children at Storytime

A number of comments were received from children at circle time when they were asked “What do you like doing at Storytime?”

“I like playing with the cars.”

“...circle time”

“Painting”

“I like the bricks”

“I like making picnics”

“...playing with cars and the horse.”

“I like painting. I did a painting for daddy.”

“I like paint and cars”

“I like dressing up” (What do you like dressing up as?) “A bride”

“I like cutting” (cutting paper?) “yes”

“...cars and Bob the Builder.”

Children who were engaged in activities in the rest of the session were asked what they were doing and what they liked.

A boy who was playing in the water showed how he could make the waterwheel turn round by pouring water in. “*Going round look*” he said “*Like playing water*” He mentioned the boats in the water and said “*Look- fish*”. When asked what else he liked to play with he said “*cars*”.

A girl was painting on a very big piece of paper on an easel, mixing the colours up on the paper. She seemed to be enjoying it a great deal and was enthusiastically waving the brush around. *"Do you like painting?"* she was asked. *"Yes"* she said.

Another girl was painting at the table and has just discovered that flicking the brush made an interesting pattern. *"Look- splashy picture"* she said.

A group of five children were playing with the wooden castle. The playworker was handing out figures to the children asking them what they would like to be. One boy said he wanted to be a horse, another said a king. The castle seemed to be keeping the children very interested and they were saying things like *"I'm the baddie"* and *"The king's riding a horse"*.

A couple of girls were playing in the home corner. One girl was setting out plates and said that she was *"making a picnic"*.

Some of the children came back in from playing outside, and were asked what they had been doing.

"What did you do outside?" "On bikes" "Are the bikes good?" "yes... I had the yellow one and I didn't fall off"

"What did you do outside?" "Cars"

The children in the session were very enthusiastic, were kept busy and stimulated and seemed to be enjoying Storytime.

4.4 How the people interviewed found out about BFS

People were asked how they found out about the BFS project in the 25 interviews that were conducted at BFS. The following answers were given:

**Table (16)
How people found out about BFS**

| | |
|-------------------------------------|----|
| Friend | 11 |
| Family | 5 |
| Local Authorities | 2 |
| Outreach | 3 |
| Don't know / cannot remember | 4 |

Most of the people who use BFS heard about the project through a friend or family member. Two of the people who could not remember said that it was because they had been attending for a number of years.

What are BFS doing to encourage people in the local community to use their service?

This was an issue that was discussed with the Playleader and the managers in interviews.

BFS has strong relationships with the outreach team - information about the work at BFS is passed on to families involved with outreach.

BFS advertise in the local library and baby clinic. Notices in the children's section of the library contain details about the work at BFS.

The mobile toy library is brought out into the community by using the Sure Start minibus.

BFS have established a link with Victoria Park Special School- they take students on work experience placements. This is of value to the school and some of its students, and also spreads the word about the work that they are doing. Parents with links to the school have attended the baby and toddler session after hearing about it at Victoria Park.

4.5 Working relationships at BFS

The relationship between BFS and the Sure Start Outreach team based on interviews with Sure Start outreach and managers at BFS

The Outreach workers keep the families they work with informed about the facilities on offer at Bramley Family Support, as well as other projects in the local area. They see themselves as advocates for the people they work with and give them unbiased advice and relevant information. They tell people about services funded and run by Sure Start and other projects. There were some examples of parents who found out about BFS through the outreach team found by the researcher.

One parent spoken to at the crèche was having difficulties coping with her son's behaviour as well as caring for her other young children. An outreach worker suggested that she make use of the Helping Hands Crèche to have some time away from her son and help her to cope more effectively.

BFS help the outreach workers in a similar way by facilitating the passing of information to people attending of BFS about the projects they run. Notices are pinned up around the building at BFS- an example being the Halloween and Christmas parties being organized at the time the researcher was being carried out. The playworkers and managers also seem to have a good rapport with parents and use this to tell them about the work of the outreach team. The Meet and Eat session was a very good opportunity for the outreach workers to distribute leaflets and chat to people using the service. The Outreach team also made use of the BFS building for organised activities and groups.

The role of the Church

(Taken from interview with managers at BFS)

One of the main concerns of the church is to encourage community development and to help and support local people. The emphasis is no longer exclusively focused on church attendance. The parents spoken to at BFS by the researcher were generally unaware of the connection between the project and the church.

Participation of parents

(Sources of information include interviews with parents attending BFS and managers)

One of the managers at BFS emphasised the point about supporting whole families- not just providing play for children. She saw their role in supporting parents as being a very important part of their work. This point was also made by the playleader, who stated that sometimes it is the parents that need particular help and support at the baby and toddler session, and that generally parents are overlooked by providers of services where something is being provided for the children.

Evidence of family support was seen and help for parents having problems with their child's behaviour at BFS have been observed. One parent attending the crèche had a boy who used to scream a lot. The workers at the crèche and the parent together looked at different ways of dealing with this, and he made good progress. As well as one to one work, the centre has a policy of dealing with behaviour in a positive way, ignoring bad and rewarding good behaviour. The idea is that parents are encouraged to by this approach when they see its effectiveness. Physical punishment such as smacking is discouraged, and this is made clear in the policy statements given to people who use BFS for the first time.

People were treated as individuals, and this seemed to come across in the way that the staff talked to the parents and carers. A parent gave an example in an interview. She attended the baby and toddler session with a friend and their children. They had missed a number of sessions through winter illnesses, and were very pleased when one of the members of staff asked why they had not been for a while and if they were all right. She said that she liked that fact that the staff seemed genuinely concerned and recognised them even though they had only been attending a few weeks.

Some parents worked as volunteers for the project, and were appreciated as a valuable asset. Two of the volunteers said that they particularly liked the fact that they were under no pressure to help out at BFS if it would be inconvenient. If they were having a bad day and did not want to attend that was fine, but they could still give time when they were able to. One of the parent volunteers attending the storytime session appreciated spending more time with her child and having some involvement in his learning. Another of the volunteers was encouraged to attend college and attained an NVQ in childcare. A member of staff started out as a parent volunteer, gained a qualification and now works as a playworker. BFS helps parents by giving them the opportunity to take a larger role in the project, increasing their sense of ownership and empowerment. The volunteers' experiences can also increase their employment prospects if they decide to enter work.

Sure Start and BFS- not just a funding relationship

(Sources of information include interview with BFS management)

One of the managers stated that she has a great deal of involvement with Sure Start, sitting on focus groups and attending meetings. She takes part in decisions to do with recruitment of staff. Some activities are organised jointly by BFS and Sure Start, just one example being a summer carnival in 2002. BFS make use of the Sure Start minibus as part of the service agreement to take the toy library into the community.

4.6 Possible reasons for non take-up of Bramley Family Support

Issues about why people might not use particular facilities were discussed with the outreach team in my interview with them. (**Appendix iv**) I also received 5 completed questionnaires (**Appendix ii**) from parents who did not use BFS.

Working parents

This issue was discussed with the outreach team. One of the outreach workers is a parent of young children herself and knows that activities taking place during working hours are not accessible through her own experiences. We discussed whether there was a need for evening activities. The outreach worker said that this would not be relevant to her personally as by the time the children had come back from the childminder and eaten a meal there was little time or energy left to do much else than start winding down for the night. She felt that other parents would be able to identify with this.

This was an issue that arose when interviewing parents at BFS and the parents at the Tuesday Tots group. Many of them worked in part time jobs and the activities that they took part in had to fit around their working hours so that they could attend. One of the mothers at Tuesday Tots mentioned that she worked mornings and one of the reasons why she chose to go to that particular session and not the one at BFS was because it was during the afternoon. Some of the parents at BFS liked that fact that the baby and toddler session took place every day of the week, so that parents who work two or three days a week are able to access this session.

Some of the grandparents interviewed at BFS attended the baby and toddler session with their grandchildren because the parents of the children were working at the time. Grandparents were largely positive about the sessions, feeling that they are friendly and accessible for them. The staff acknowledge and appreciate the presence of grandparents. An incident was noted where the researcher approached someone with a child in the storytime session for an interview: she seemed reluctant to be interviewed because she was a grandparent and was not sure if the interview would be relevant. The deputy manager overheard this and made it clear that her views would be appreciated and encouraged her to spend some time talking to the researcher. Childminders also attend BFS with the children they mind. The fact that the facilities at BFS are open to childminders and Grandparents means that the children of working parents are not missing out in terms of taking advantage of the services on offer.

Local accessibility

This was also discussed with outreach. The accessibility of a service is largely dependent of where it is in relation to other things locally. For parents without a car, services have to be within easy walking distance, or on a very reliable and frequent bus route from their home. A bus journey can, however, add considerable cost to attending a service. Distance from a primary school is also relevant - some parents have other children attending school and the service needs to be within a reasonable distance for dropping them off and picking them up.

This was mentioned by most of the parents I interviewed at BFS. Some of them had children attending the primary school just over the road from BFS, and found it very convenient. The importance of BFS being near to home, and to some extent other local services such as shops and banks were discussed. People without access to a car with children at other schools in Bramley would be more likely to use alternative services in a convenient location for them.

Emotional problems

The Outreach workers stated that emotional problems such as depression, not knowing anyone and feeling isolated can affect a parent's ability to gain advantage from using services. Finding it hard to talk to people can make attending a baby and

toddler group extremely daunting. Not having someone to attend a group with can make it harder. The outreach workers help with this by accompanying parents to provide moral support. One of the respondents of the questionnaire for parents who do not use BFS stated not knowing anyone at the baby and toddler session at BFS as the reason why she had stopped using it. Another did not attend for the same reason. Difficulty in coping can cause more problems when other parents in a baby and toddler group seem to be coping more effectively. The outreach workers mentioned that some parents might not look as smart in appearance as the others or may act differently and this can cause difficulty for them.

The baby and toddler group at BFS is attended by a large number of parents. The outreach team feel that some of the parents are intimidated by this and prefer to attend a smaller group. The outreach worker mentioned at the Tuesday Tots sessions before the parents arrived, that some of the parents who attend the session particularly like the fact that it is a group that offers more familiarity and a quieter, more intimate atmosphere. Though BFS facilitates the passing of information about the work that they do in the local community, most of the parents I spoke to who use the sessions heard about it through a friend or neighbour. People who feel isolated may not receive the same personal recommendations about local services as someone who converses with people more, and may not take the same advantage of them.

Personal circumstances

This could be about the structure of the family- how many children there are and whether the family has one of two parents can affect the way services are accessed and used. There are practicalities associated with having more than one child- perhaps having to book more places, or the children need more of your attention and time. Not having a partner can affect the way services are accessed for practical reasons also. Issues to do with how parents are perceived by other people if they do not have a partner may also be an issue. The outreach workers mentioned how sometimes single parents can be uncomfortable if no one else in a group is in the same position as they are, or if they feel that they are being judged. They mentioned that one of the parents had a bad experience attending a group not connected with BFS or Sure Start where she was asked very invasive questions about her life because of her family circumstances. This discouraged her from attending other baby and toddler groups. Parents' financial position is also a factor. The outreach workers feel that if a parent attends a group where all the children are well dressed in designer clothes and they cannot afford to dress their child in the same way, then they can feel intimidated.

People with larger numbers of children are made just as welcome at BFS as parents with one child. However, there are difficulties associated with giving attention to larger numbers of children. In the baby and toddler session, a childminder mentioned that she had more children in the summer and tended to stay away from the activities being organised by BFS simply because of the practicalities of keeping children of different ages organised and occupied. She preferred to make her own arrangements. One parent was interviewed who had just used the crèche for three of her children, although there was no problem with this, she mentioned that sometimes the crèche cannot fit them all in.

No evidence was found of parents who felt intimidated at BFS. None of the parents interviewed mentioned such problems, though there were two people who were finding it quite hard to talk to others. A grandmother mentioned that she had only attended the group twice and still needed to feel settled and start conversing with

people. A childminder who had recently moved to Bramley from another part of the country mentioned that the researcher had been the only person who had spoken to her so far. Some of the parents talked about the friends that they had made through BFS. One of the Playworkers stated that they had tried hard to stop groups of people making other people feel excluded, for example by paying attention to way the chairs in a certain way.

In terms of financial circumstances, the cost of attending the services at BFS does not appear to be as big an issue as the other reasons why people may not use the service. Many of the parents remarked on how little they had to pay, and felt that this was made even better value for money as the cost included a hot drink for adults and drink and a snack for the children. One parent remarked that the crèche- even though she was paying £1.75 each for three children- actually saved her money as the children tended to ask for food and drink and things to keep them occupied when she went out.

Other possible reasons why people might not use BFS.

Researcher's Comments

Not having enough information might be one of the reasons why people do not use facilities generally. The outreach workers felt that BFS were doing enough to inform local people about the work they do. One out of the 5 respondents of the questionnaire for parents who do not use BFS stated the reason why they had not used BFS before is because they had never heard of it. “*Word of mouth*” and “*A health visitor or midwife*”, were given as the methods of passing information to parents that the respondents of the questionnaires were most likely to take notice of.

Level of interest. Level of interest in services provided was variable. The people who filled the questionnaire and the parents at Tuesday Tots in showed the greatest amount of interest in the crèche. This is likely to be because other, similar facilities to Storytime and the baby and toddler session are offered elsewhere in Bramley, but the crèche is unique as there is nothing else like it in the local area. In a discussion with the outreach team the issue that childcare in Bramley generally tends to be focused more on the needs of working parents was mentioned and Sure Start are running projects to address this, such as crèches running alongside training courses and support groups.

4.7 Brief Case Studies

The following people were amongst those interviewed; their experiences of BFS stood out as being of particular interest.

Mr A. takes full time care of his son. He regularly attends the baby and toddler session at BFS. He does not live in Bramley - he travels from a different part of Leeds. He was originally from New Zealand and commented on the difference in attitude towards fathers in this country. He had had negative experiences since moving to England- he recalled an ante-natal class where he felt that fathers were not being taken seriously and the midwife had said “you’ll all be in the pub next week”. He had attended a leisure centre where there were excellent facilities for people with children in the ladies changing rooms, but nothing in the men’s. He talked about the sharp contrast between his negative experiences and his experiences at BFS. He described the staff and their attitude as “*exceptional*” with none of the negative stereotypes being placed on him which he had experienced elsewhere. He and his son particularly liked using the toy library, and enjoyed the

rest of the toddler session. His only negative point was that the male toilets were more difficult to find than the ladies. When asked about his opinion on a “dads group”, he said that it would be positive to be able to have more male company around for himself, but said that such a group would probably increase segregation between male and female carers. He said that most of the other parents spoke to him in the session, but there were still barriers to break down. Mr A. was interesting because he was one of very few male carers who use BFS, and because of his previous negative experiences of using services.

Mrs B. found out about BFS through the outreach team and had started attending sessions there occasionally. She now works as a volunteer for the project. She has a daughter who attends storytime and comes to the baby and toddler session and the crèche with her when she works. She has been described as a valuable asset to the project by the playworkers and managers at BFS. Mrs B. completed an NVQ level 2 in childcare at college, attending with one of the members of staff from BFS. She gains a large amount of enjoyment from volunteering.

Mrs C. uses the crèche regularly. She has four children under the age of five. She found out about BFS through the outreach team, after having some difficulty coping. She was experiencing problems with her son’s behaviour and it had been suggested to her that if she used the crèche to have some time away from her son, then she would be able to cope more effectively. The workers at BFS and Mrs C. together looked at ways to deal with Mrs C’s son’s behaviour, and he has since improved and attends nursery. Mrs C. now uses the crèche for her other, younger children so that she can have some time to herself. Her youngest is 6 months old, and after having some doubts about leaving a child so young, she feels completely at ease leaving him at the crèche. Mrs C. can see the potential benefits to her children as they are becoming less “clingy” and happier to be left with people.

5. Conclusions

People at BFS had overall a positive outlook of life in Bramley, despite the fact that negative aspects were mentioned. One reason may be that the good things, such as the local facilities, outweigh the bad. People may be able to see positive change and feel optimistic about the future. Another possible reason may be that local people have built up resilience and ways of coping with the negative aspects of Bramley, or it may be that the people interviewed do not live in the parts of Bramley where aspects such as crime and drug abuse are most prevalent. It would be interesting to investigate this further.

One of the major objectives of this project was to find out if people attending at BFS are satisfied with the projects and services. It soon became clear that generally people were happy with BFS. Some suggestions for improvement were made. These tended to be constructive comments rather than factors that would make people dissatisfied and less inclined to use the services.

The positive aspect of BFS mentioned by the most people was the staff. People talked about how helpful and friendly they thought members of staff were, showing that their personal qualities are fundamental to the success of BFS. The manager discussed the difficulties involved in recruiting people in the childcare profession generally. Despite this BFS have been successful in recruiting high calibre staff. The reasons why were discussed- the provision of training and encouraging personal development, a competitive salary, and a pleasant working environment may be the main reasons for this.

People were impressed with the activities for the children - how they were being kept stimulated and occupied in all the sessions taking place. The researcher was impressed by how the children's enthusiasm for learning in the storytime session was constantly being encouraged. Just some of the many examples that could be mentioned include a girl splattering paint onto paper, a boy dressing up and pretending to be an ambulance man and two boys with dolls in pushchairs being given a pretend shopping list

Parents and carers generally have a sense of ownership and influence at BFS. Some people find giving suggestions and comments to staff directly easy, others are more reluctant and wish to pass on their opinions anonymously. The structures are in place to allow this to happen with the parent representatives. It may be worth considering other ways to gather suggestions from parents / carers.

The main reasons why people do not use BFS were discussed in this evaluation. Evidence was seen of ways in which BFS work hard to counteract difficulties that some people face when accessing services. BFS aim to ensure that grandparents, carers, mums, dads and childminders are all made to feel equally welcome. Services seem to be affordable to everyone, so that people are not discouraged from BFS through financial reasons.

The manager mentioned in an interview that she was concerned that emphasis had shifted away from conducting support work for families and would like to readdress this through projects such as debt counselling.

Local parents and carers who feel intimidated in large groups can find using the baby and toddler session at BFS difficult, because of its success at attracting relatively large numbers of people. The researcher feels that some people experiencing such

difficulties have, in some cases, their needs met elsewhere through other projects connected with Sure Start. Some people may not have less severe problems, but still feel daunted by the prospect of attending the baby and toddler group for the first time when they do not know anyone. It may be worth investigating ways in which BFS, in addition to what they already do, can help to alleviate the stress experienced by some people attending until they feel settled.

BFS may wish to consider if there are any ways of making BFS more accessible to working parents by perhaps looking at the demand for a “twilight” baby and toddler session or activities on a weekend.

Gaining information from people with young children who do not use BFS proved difficult in this evaluation. People currently experiencing personal difficulties were reluctant to be interviewed. Questionnaires were distributed in the local library, but no-one caring for young children who came into the library filled one in. I spent an afternoon in the library and encountered four mothers with young children. All of them when questioned said that they currently use BFS. This seems to suggest that parents and carers who use the library also use BFS. It is difficult to determine the views of people who are reluctant to use local services, as places such as BFS and the library are places conducive to meeting people and gaining information from them. The researcher felt that trying to talk to people in their own homes was intrusive and chose not to do so. Further investigation may be required with people who do not use BFS and it may be advantageous for people who already have a rapport with them to carry out such work.

The helping hands crèche at BFS is an interesting service because of its uniqueness. It offers parents the opportunity to take advantage of an hour and a half of childfree time. No where else in Bramley offers this service, apart from crèches being run alongside courses. Some confusion was seen from three of the people attending at BFS about whom the crèche is for and there was also a perception from two other people that it is always full. The parents interviewed at Tuesday Tots and who completed the questionnaire showed more interest in the crèche than the other services. It may be worth investigating how often the crèche is fully booked, the level of local interest and if it would be worth considering the possibility of expanding the service.

The Meet and Eat session at BFS seemed to be offering a service that was of financial benefit to people by offering low cost meals, giving people in the local area somewhere to talk, and encouraging healthy eating. The researcher was concerned that this service was only being run one day a week, and felt that it could fulfil its potential with more funding. The possibility of making the meet and eat café part of the service agreement with Sure Start could be investigated.

Overall the evaluation has shown how BFS contributes in many positive ways to the lives of individual children, the people who care for them, the staff at BFS and the local community.

6. The Researcher's Reflection

I found this to be a challenging and enjoyable evaluation to take part in. I found everyone at BFS helpful and friendly. It was daunting, asking people if they could be interviewed at first, but people were happy to answer questions and for me to record them.

My opinion of the services at BFS as a local parent is very positive. I think an effective way of gauging an opinion about a local service is to ask yourself how you feel about using it for your own children. I used the crèche for my son in the process of the evaluation. He had a wonderful time and I was completely at ease leaving him there. It is likely that I will use the baby and toddler session after my second child is born.

I have learned many new skills by taking part in this evaluation. Trying to make sense of 25 taped interviews was one of the hardest tasks, and I learned an effective way of writing it up through a helpful colleague.

There were advantages of having local knowledge and experience as a parent when taking on this project. It helped in terms of gaining the trust and engaging in dialogue with local parents when conducting interviews to gain the information needed from them. Being a parent also gives me some degree of empathy with the people I interviewed. I can understand some of the day to day stress and problems that caring for children can sometimes bring. Gaining more of an insight into the organisation of BFS and Sure Start Bramley has also been of interest to me personally as my family and I use local services for young children. Disadvantages of being a working parent included finding suitable childcare. It was difficult to decide which options were best for me and my son. I also had to take time off when her son was ill, and for antenatal appointments.

My personal opinion about Sure Start Bramley and BFS is that the work they do contributes towards making Bramley a better place for people to live. I am generally optimistic about living here as families are being given an opportunity to have access to support and places to spend time together, and I can see how this would contribute to making Bramley more of a cohesive local community. Local parents and children are made to feel valued and I feel that having a society generally where children and their carers are seen as important is a positive way forward.

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Interview structure for people using BFS services:

Do you live in Bramley? If so what is your opinion of living here?

How long have you used BFS?

How did you hear about BFS?

Do you know anything about the connection with Bramley Baptist Church?

Is there anything you particularly like about BFS?

Is there anything that you think could be improved?

What do you think about the way the parents in the session talk to each other? Do you find it easy or hard to get talking to people in the session?

Do you feel you are given enough information about what goes on in this centre? If not how do you think this could be improved?

Are you happy to make suggestions if there is something you feel can be improved?

Would you like to be more involved in this project? Attending parent meetings? Fundraising? Volunteering? Do you know how to go about it if you do?

Do you feel that the activities have benefited your child in any way? How?

Do you feel that you have benefited? Again how?

Is there anything else that you would like to mention?

Appendix ii



Questionnaire for local people who do not use BFS

My name is Michelle Potts- I am a local parent and I have been employed by Sure Start to carry out research about Bramley Family Support. **If you currently do not use Bramley Family support**, and are the parent, carer or grandparent of a child under 4, I am very interested in your views. It would be of great help to me if you could fill in this questionnaire for my research. The information you give me will be **completely confidential**.

How much do you know about Bramley Family Support (Spurgeons) on Hough Lane (next to Baptist church)? [Please tick one]

| | |
|--|--|
| Never heard of it | |
| Know that it exists but don't know what goes on there | |
| Know about one or two of the activities but don't know times | |
| Know about activities and times | |

Have you ever used Bramley Family Support?

If yes, is there any reason why you stopped using it?

If you haven't used it, is there a reason why, *e.g. lack of information, going somewhere else, didn't feel like going out?*

Below are some of activities taking place at Bramley Family Support. We would like to know whether these interest you or not. If they don't we would be very interested to know why so that we can make our activities appeal to different people.

Baby and toddler session

Session for children and parents/carers aged birth to 4. 9.00-11.30am. Activities and toys. 75p per family. Drinks and light snack provided.

Would this interest you?

Yes

No

Comments

Storytime

Pre-school session for children aged 2 and a half to school age. 1.00-3.00pm. £3 per session (can get funding at aged 3).

Does this interest you?

Yes

No

Comments

Crèche

For children aged 6 months to 4 years. 9.15-11.00am. Costs £1.75 per child.

Does this interest you?

Yes

No

Comments

Toy library

Borrow toys for a week. £1 to join. 20p for each toy borrowed.

Does this interest you?

Yes

No

Comments

Meet and Eat

Low cost home cooked food in a community café. Example shepherd's pie £1 for adult, 50p for child.

Does this interest you?

Comments

What do you think about the following ways of receiving information about local services for you and your young children? [Please tick boxes].

| | Would take notice of this | Would sometimes take notice | Would take no notice |
|---------------------------|---------------------------|-----------------------------|----------------------|
| Leaflet through post | | | |
| Notice at doctors/clinic | | | |
| Shop window | | | |
| Advert in paper | | | |
| Word of mouth | | | |
| Health visitor or Midwife | | | |
| The internet | | | |

Are you currently experiencing any difficulties or worries that might make it harder for you to access services *e.g. family problems*?

Is there anything you would like to see in the local area for you and your young children?

Thank you very much for filling in this questionnaire.

I would also like to interview a few people to find out more information. Would you be interested in taking part in this? Yes / No

If so please give your first name and telephone number, or if you prefer not to I can contact you through the outreach team- just let them know. You can also ring me on 0113 2165371.

First Name

Telephone number

Appendix iii

Structure for interview with managers at Bramley Family Support

Could you tell me about the history of the project?

What is Spurgeons?

Who works here?

How many people use this project?

What are your priorities for this piece of research?

What are you hoping to find out about users and non-users?

What is your relationship with Sure Start?

Is it purely a funding relationship?

Are there any points of tension between the church, Spurgeons, and Sure Start?

Do you sometimes have a different agenda or conflicts of interest?

Are there any factors that limit your work?

Such as the building or funding?

What do you think about the quality of your staff?

What are your future plans for the project?

Are you thinking of offering different services or extending existing ones?

Are there any ideas for the project that did not work out in practice?

Is there anything else

Appendix iv

Structure for interview with outreach workers

Of the families that you work with frequently, what proportion of them do not use the services provided at Bramley Family Support?

What aspects of the family's lives can make it hard for them to access services generally?

Are there any factors at BFS that make it difficult for some people to use it?

If so are their needs being addressed elsewhere?

Has anyone you know had a negative experience of BFS?

Is there anything BFS can do to encourage people who find it hard to access them to use their services?

Are there any aspects of the work at BFS that you find useful for the families you work with?

Can you give examples of people you have worked with who have had positive experiences of BFS?

How effective do you think BFS are at letting local people know about the work that they do?

Which methods of giving information to local parents do you find most effective for the families you work with?



N C R C



SURE START BRAMLEY

Three Year Evaluation Report

February 2001 – March 2004

Prepared By

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PREFACE

The local evaluators would like to thank parents and staff at Sure Start Bramley and staff in partner agencies, and members of the Evaluation Steering Group, for their co-operation in the evaluation of Sure Start Bramley over the three years 2001 - 2004. The help of the Outreach Team in collecting data for the file review and Paul Norton's contribution in inputting data onto SPSS are both gratefully acknowledged.

The evaluators would also like to thank Gill Donaldson and Nigel Wyatt for their contribution on the section on Cost Benefit Analysis. Gill produced the tables of costs included in the report.

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September 2004

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1 Executive Summary

Introduction

1. This three- year evaluation report on Sure Start Bramley (SSB) covers the period from February 2001 to March 2004 and is designed to meet the requirements of the National Evaluation of Sure Start (NESS). An overview of evaluation activity in Years 1 and 2 is provided (detailed reports on Years 1 and 2 are also available and are on the NESS Website).
2. The focus of this executive summary is on evaluation activities in Year 3 and linked recommendations. The main report outlines the data sources and methodology used for the evaluation.

Evaluation activities in Year 3

3. The evaluation in Year 3 involved the following activities:
 - A User Satisfaction Survey which involved the completion of 125 User Satisfaction Questionnaires and 115 Repeat Survey Questionnaires. The Repeat Survey (2003) Questionnaires built on the Child Care Survey carried out in 2000 which had provided base line data for SSB about service availability and need.
 - An evaluation of the work of the outreach team including a file review and analysis of all cases worked with over a three-year period.
 - A strategic overview of (i) domestic violence; (ii) work with fathers; (iii) counselling provision; (iv) an exploration of aspect of SSB's work on post natal depression; and (v) an evaluation of the enhanced Speech and Language Service.
 - A series of activities evaluating cost effectiveness in relation to family support services.

- A review of current management issues focusing particularly on the development of Children's Centres; and on information gathering systems.

User Satisfaction Survey

4. Almost all participants in the survey were mothers and described themselves as *white UK*. Over two-thirds were living with a *partner*; more than one-fifth were living with *no-one else*. Interestingly, almost all mothers who had partners described them as in full-time employment. Participants were mainly either at home looking after their children or in part-time employment.
5. The survey produced positive evidence about levels of satisfaction with local services and with SSB services, and about the impact of SSB. Satisfaction levels were, however, lower for parks and playgrounds and for some aspects of leisure provision such as swimming baths.
6. The Repeat survey (2003) produced evidence of an upward trend in the use of pre-school services compared with the Child Care Survey in 2000. The Repeat survey found some evidence that fewer participants were using dentists. Almost all participants in the User Satisfaction Survey felt that their children had good quality play / learning opportunities.

Recommendations

7. SSB should review the evidence contained in the User Satisfaction Survey and explore the following issues with a view to implementing appropriate changes in practice and service provision.
 - the need for additional support for mothers living on their own particularly with smoking cessation and post natal depression
 - promoting breast feeding including continuation beyond three months
 - improving access to NHS dentists, undertaking development work on this issue locally, and raising the issue in national forums

- continuing to increase the provision of information about Sure Start to local parents
- although parents with special / additional needs had high satisfaction levels with local services, SSB should prioritise improving access to services for these parents and children

Outreach Team and File Review

8. By the time of the three-year review, the Outreach Team was experienced and confident in supporting families and community projects; and its work was competently supervised. A male Outreach Worker and Play Development and Parent Information Workers had been integrated into the staff team.
9. The interviews conducted and the file review of the work undertaken during the three-year period provided a body of data on referral patterns, record keeping, types of problems referred and the level of work carried out.
10. Just over two-fifths of families worked with were two-parent families, and nearly three-fifths were lone parents. Eighty-three per cent (83%) of families worked with were *white British* and 17% were from *minority ethnic groups*. Approaching half the families were referred by Health Visitors, and nearly a quarter were self-referrals. The average length of contact with families was 5.3 months. Support with accessing child care, isolation, depression (including post-natal depression), domestic violence and housing made up a significant proportion of referrals. The Outreach Team demonstrated an appropriate awareness of child protection issues. Levels of contact and methods of work were felt to be appropriate in the light of SSB's remit but these merit further exploration.

Recommendations

- SSB should prioritise reviewing, and where necessary improving, its data inputting systems to ensure reliable management information is available

- SSB should consider how the proportion of self referrals might be increased further
- SSB should continue to keep under review the optimal length of contact between workers and families; and to continue to develop best practice around closing cases, including referral to other agencies.
- The overall findings of the file review as outlined in the main report should be considered carefully by SSB in order to review and plan appropriate service provision.
- Exploration of the benefits of short-term brief intervention therapy should be encouraged

Strategic overview of services

11. The main report outlines the background to and the process involved in conducting an overview of services in relation to domestic violence, post natal depression, counselling and work with fathers.

Recommendations

- All groups run by SSB should have equivalent status and broadly share similar referral, structure and review processes which are owned by all staff working for SSB. Rotation of staff across all projects should be considered in order to encourage ownership of all the issues dealt with by SSB
- Training on the interconnectedness of issues such as child abuse, domestic violence, depression (including post natal depression) and parenting difficulties should be put in place by SSB for all staff
- Consideration should be given to developing a qualitative evaluation in Year 4 exploring with mothers what they understand by depression in the context of the transition to motherhood

- The impact upon children of issues such as domestic violence and post natal depression need addressing and provision should have both a child and adult focus
- If work with violent men is to be developed this should be done within an inter-agency framework and appropriate support should be sought for this work.

Speech and Language service

12. This service is provided by the Primary Care Trust to SSB. A range of methods were used to elicit satisfaction levels and clarify developmental issues. Satisfaction levels with the Speech and Language Service overall were found to be good. The enhanced service provided for SSB was effectively integrated with the work of the Outreach Team, and also with the speech therapists at the local Health Centre. Development work has been undertaken with refugee families, and promotional activity has helped to raise the profile of the Speech and Language Service.
13. This evaluation should be used to establish targets for the next stage of the enhanced Speech and Language Service, including a training plan involving SSB staff. The possibility of allocating additional funds for this service should be considered.

Cost Effectiveness

14. Building on work on *Value for Money* undertaken in Year 2 work on Cost Benefit Analysis was undertaken in Year 3. This focused on costs of home visits and other contacts with service users. A comparative element was possible because of access to data about costs of services provided by Bramley Family Support and home visits provided by Home-Start UK. It was found that costs per contact were within the range of costs found in other Sure Start programmes. Data entry requires further attention in order to facilitate measuring the benefits and effectiveness of different kinds of contact and support, (for example the effectiveness of home visits compared with group support).

Recommendations

- SSB should consider the implications of the Cost Benefit Analysis undertaken so far, including the implications for record keeping and data submission; and should decide whether to commission further cost effectiveness research
- The local evaluators should continue to inform SSB about work on Cost Benefit Analysis undertaken nationally or by other Sure Start programmes.

The Next Phase for SSB

15. This phase of the evaluation explored three areas: Children's Centres; information gathering and management issues in SSB. Whilst there was considerable enthusiasm for the development of Children's Centres, there was also some anxiety that the bottom up community ethos of SSB might be weakened through an emphasis on providing day care for working parents, and associated concerns that family support services for the most vulnerable families might be less well resourced. In relation to information gathering, whilst important technological advances had been made, there were concerns about the delays in earlier years which now had consequences for future evaluation. It was considered that, as SSB was entering a new phase of development, under the leadership of a new Programme Manager (PM2), an evaluation of how the management team functioned might be helpful.

Recommendations

- Further monitoring of the development of Children's Centres and the focus on managerial issues should be considered for inclusion in the Year 4 evaluation.

2 Introduction

16. This three-year evaluation report on Sure Start Bramley (SSB) covers the period from February 2001 until March 2004, during which time the Nationwide Children's Research Centre and the University of Huddersfield have been appointed as local evaluators for the programme. This three-year report is designed to meet the requirements of the National Evaluation of Sure Start (NESS). An executive summary is provided.
17. The report begins with an overview of evaluation activity in Years 1 and 2. Detailed evaluation reports were completed by the evaluators for both Year 1 and Year 2. Copies have been made widely available to the Sure Start Bramley Partnership; they are also available on the NESS website.
18. A baseline survey on the needs of families with children under four living in the Sure Start Bramley area was carried out between February and April 2000. A User Satisfaction Survey for residents in Sure Start Bramley was conducted in the second half of 2003 and a report on the findings of the survey was completed in April 2003. This report has been made widely available to the Sure Start Bramley Partnership and has also been placed on the NESS website. A summary of the main findings of the User Satisfaction Survey is contained in this section.
19. The next section brings up to date the evaluation of the Outreach Team in Sure Start Bramley carried out in 2001. This section also contains an analysis of a review of files of work carried out with families by the Outreach Team over the three-year period. The methodology used is explained and key findings are summarised.
20. Section 5 comprises a Strategic Overview of the work of Sure Start Bramley including an analysis of the women's group (domestic violence); an update on work with fathers; a position statement on SSB's work on post-natal depression; an overview of counselling provision; and an evaluation of the enhanced Speech and Language service in the SSB area. The strategic review was carried out between January and May 2004.

21. Work on cost effectiveness is considered in the next section (Section 6). An analysis of costs of home visits and other support to families and children is included, with comparative costs for two voluntary sector services funded by SSB.
22. Section 7 reviews SSB's involvement in the development of Children's Centres; information gathering issues; and a review of current management issues.
23. Data sources and methodology are described for each section as appropriate. The report concludes with a series of recommendations for the SSB Partnership.

3 Evaluation Reports Years 1 and 2

This section is based on the separate evaluation reports produced for Years 1 and 2

Year 1

24. The Year 1 report included important demographic data. The number of children under 4 in the Sure Start area was 1039 (*Source: Leeds Community Health Trust, 2001, quoted in the revised Delivery Plan, 2001*). There were 907 families with children under 4 in the area (*Source: Local Health Visitor records quoted in the revised Delivery Plan, 2001*). Census data for the year 2000 recorded that the total population in the Sure Start Bramley area was 22,428. Nearly 98% of the Sure Start Bramley population was described as white. The largest ethnic minority group were people born in Ireland 199 (0.88%). The next largest group comprising Indian, Pakistani and Bangladeshi people totalled 122 (0.54%). There were 65 people who described themselves as Black Caribbean, or Black African, or Black Other (0.29%).
25. An Evaluation Sub Group was set up following an initial seminar in March 2001.
26. The Nationwide Children's Research Centre (NCRC) proposed that *the style of the evaluation should be participative, promoting endorsement by those involved of the principles of evaluation and feedback, and developing the skills of local practitioners and also of local people in contributing to evaluation methodology.*
27. Sure Start Bramley (SSB) is a second round programme which gained approval from the Sure Start Unit in July 2000. The first Programme Manager (PM1) was appointed in November 2000. (She remained in post until March 2004. Her successor, PM2 took up her post in May 2004). SSB was incorporated as a company limited by guarantee and became operational in January 2001. SSB is also a registered charity. The Trustee Directors' Board comprises six parent Board members; three representatives of statutory agencies; three representatives of voluntary agencies and one for the Chair of the Community Involvement Team, an elected member of Leeds City Council. Places are reserved on the Board for a parent representing special needs issues, and a parent representing minority ethnic families.

28. The report contained an evaluation of the work of the Outreach Team which then comprised three full-time and two part-time (job-share) staff. These staff were appointed by March 2001. The evaluators noted that by the summer of 2001 the Outreach Team had developed a detailed framework for handling project proposals which included an initial *feasibility assessment* (including projected costs); *community consultation*; *approval by Sure Start Management locally*; *planning phase* (consultation with agencies / developing protocols / guidelines); *work / implementation phase*; and *evaluation*. The annual report included a summary of eight project evaluations; and also a description of one-to-one work carried out by the Outreach Team with five case examples. The Outreach Team had prioritised developing inter-agency contacts during the first year of its work with both statutory and voluntary sector partners. The Outreach Team had been heavily involved in the launch of Sure Start Bramley and also in plans for an Early Years / Community Centre on the largest estate in the area. The Outreach Team acknowledged the danger of their activities being monopolised by a group of families particularly keen to join in Sure Start projects. Feedback received by the Outreach Team in its first year of work had been very positive, although Sure Start was perceived mainly as a service for women, not readily accessible to men.
29. The NCRC promoted the involvement of Health Visitors in practitioner evaluation from September 2001 until the summer of 2002 in the *Health Visitor Support Project for New Mothers*. Data was collected through use of the Edinburgh Post Natal Depression Scale and through use of an NCRC questionnaire. Sure Start Group Work Support for mothers experiencing post-natal depression was also evaluated.
30. An evaluation of the Family Support Service provided by the NSPCC was also completed during Year 1. Recommendations were made about the project's first contact with families, and about the need for revisiting criteria for ending work with families.
31. An overview of the work of Sure Start Bramley was also completed. Recommendations were made for the Management Board to review priorities for the programme overall, including exploration of the programme's work on domestic violence.

32. A recommendation was made that SSB should establish a computerised management information system as soon as possible. *This recommendation was eventually implemented by the beginning of 2004.* It was also recommended that practitioner evaluation of group work with new mothers should continue. The evaluators recommended that Sure Start Bramley should consider how to develop strategic links between the Outreach Team's one-to-one work and other Family Support Services, for example Home Start. *Home Start's Service Level Agreement with SSB was reviewed in detail in 2002 / 03 and a new contract for its family support service was agreed.* Recommendations were made about the need for further evaluation of the NSPCC's Family Support Service. *These were not implemented because of changes in the structure of the service provided.* Priorities for the Year 2 evaluation included development work on the role of fathers and male carers; and facilitating community involvement in evaluating the local impact of Sure Start.

Year 2

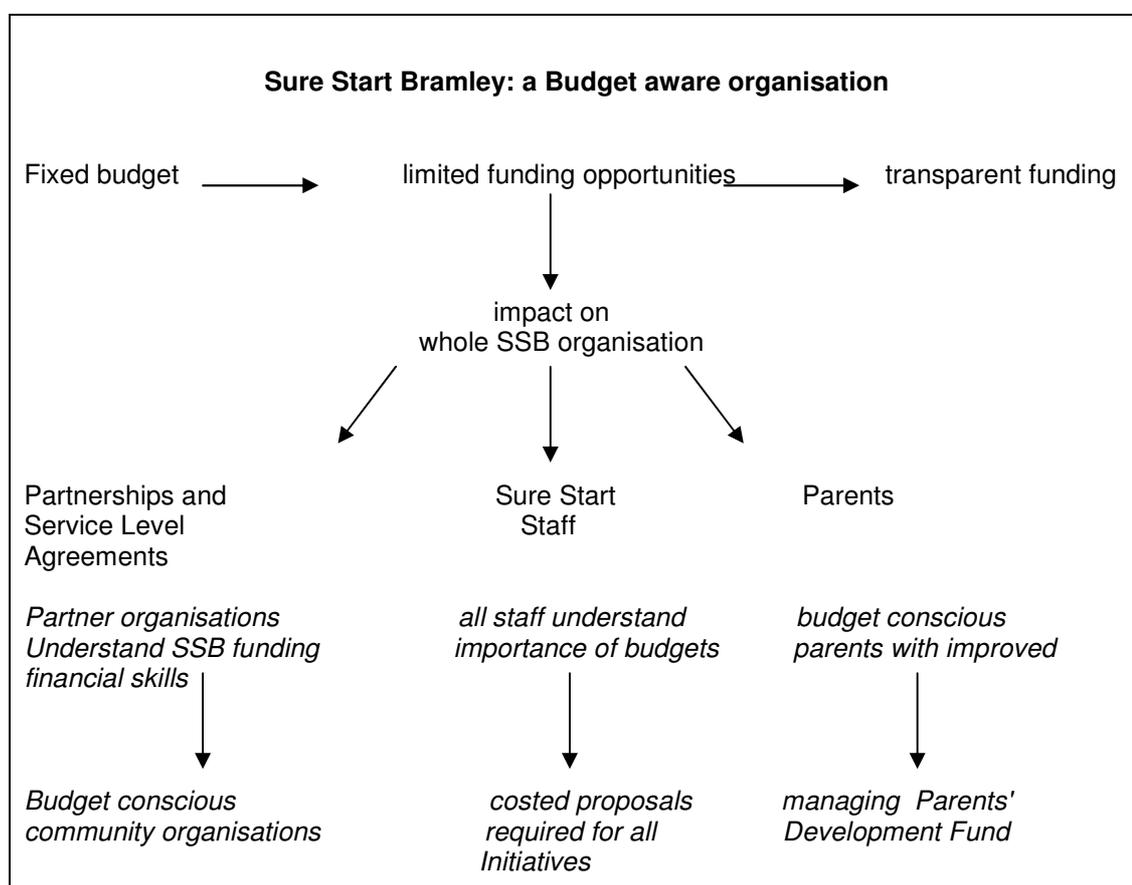
33. Evaluation priorities were agreed with the Programme Manager and then explored in detail with the Evaluation Sub Group at the beginning of Year 2.
34. Development work on engaging fathers in Sure Start was undertaken by one of the evaluators, who produced a detailed literature review which was included in the evaluation report. Priorities for engaging fathers in Sure Start Bramley were analysed: work with first-time fathers and with partners of mothers with post-natal depression was agreed as a focus for further development work. The evaluator's role was extended to include involvement in the recruitment, selection and subsequent support for a male Outreach Worker, appointed in September 2003.
35. The wish to develop community participation in the evaluation led to the appointment of a part-time Parent Researcher in October 2002. The person appointed lived in Bramley and had a three-year old son, and extensive knowledge of local child care facilities. The Parent Researcher undertook an evaluation of the Bramley Family Support Service provided by Spurgeon's Child Care, one of the largest voluntary sector organisations supported by Sure Start Bramley. Her evaluation was supervised by the evaluation team and included a detailed analysis of the patterns of use of the service; an analysis of twenty-five interviews with parents and additional interviews with children; an exploration into the experience of hard to reach parents in accessing services; and recommendations for the further development of Bramley

Family Support Service. The report was presented to the Evaluation Sub Group and the Partnership Board, and is available on the NESS website.

36. The Parent Researcher also helped to complete an evaluation of a conference held with local parents and agencies in October 2002 entitled *Sure Start As Others See Us*. Data from the conference indicated that SSB had been successful in involving parents. Priorities identified by parents (*viz involving fathers; engaging hard to reach families / needier parents; encouraging / accommodating opportunities for parents of children over four; getting parents onto the Management Board; and extending school holiday activities*) continue to be relevant to SSB.
37. The evaluation for Year 2 included a survey of the views of partner agencies in relation to the impact of SSB. Partner agencies expressed a high degree of satisfaction with SSB's activities and approach. Partner agencies' understanding of *mainstreaming* was carefully explored and there was "*a broad level agreement that this should involve a reconfiguration of services*". This process was already underway for Early Years Services, although, at that stage, the future for organisations such as Social Services was not clear.
38. Development work on support to mothers experiencing post-natal depression was continued in Year 2. A small survey was completed using the Edinburgh Post Natal Depression Scale Questionnaires. The survey indicated that perhaps one fifth of parents were vulnerable to post-natal depression; young parents (aged 20, 21) appeared to be equally or more vulnerable than teenage parents; and the small number of parents from ethnic minorities appeared more likely to be isolated and vulnerable. NCRC questionnaires exploring support available to local mothers found that respondents were positive about having *someone to talk to*; and considered that being part of a group programme for mothers would be helpful. Health Visitors involved advised that in the practitioner evaluation advised that "*for families living in poverty or in poor standard housing, the demands of a new baby could trigger mental health problems*". Health Visitors advised that members of extended families generally did not recognise Post-Natal Depression. Sure Start Bramley continued to prioritise group work with mothers experiencing post-natal depression. A resource pack for service providers was developed for a multi-agency seminar held by SSB, promoting good practice in supporting mothers with post-natal depression, in March 2003. An evaluation of three group work programmes for these mothers was included in the evaluation report.

39. The evaluation team conducted an initial exploration of *Value for Money* issues with programme managers as a precursor to more detailed work on cost effectiveness. The Programme Manager (PM1) highlighted work on ensuring that SSB was a budget aware organisation in which all Sure Start staff understood the importance of budget issues; partner organisations were well informed about SSB funding; and parents were encouraged to become budget conscious and had been allocated responsibility for managing a Parents' Development Fund. Financial transparency at all levels of the organisation was encouraged.
40. **Figure (i)** is reproduced from the Year 2 evaluation report.

Figure (i)



Priorities / Recommendations

41. Recommendations in the Year 2 report included for SSB to ensure the appointment of a male Outreach Worker *which was implemented early in Year 3*. The evaluation report recommended that SSB should contribute to promoting dialogue between

statutory and voluntary sector agencies (*an inter-agency seminar promoting a multi-agency approach was held by SSB in September 2003*). SSB was asked to consider promoting further development work on mainstreaming Sure Start. *The Programme Manager (PM1) agreed in discussion with the evaluators that further work on mainstreaming should be carried out at a regional level, involving all the Leeds-based Sure Start Programmes.*

42. SSB was asked to consider commissioning a detailed evaluation of the impact of Post-Natal Depression group work on participants. *The detailed evaluation recommended was not carried out. One reason for this was that Leeds University negotiated for SSB to become involved in a piece of research comparing the impact of the SSB Post-Natal Depression Groups, and other groups in which the main emphasis was on physical activities. The other reason was that the group work facilitators considered that participants on the group work programmes were becoming over-exposed to evaluation research.*
43. A further recommendation was that the Consumer Survey required in 2003 / 04 (*User Satisfaction Survey*) should build on the experience of the Parent Researcher project, using and developing the skills of local parents. *This recommendation was carefully considered by the Evaluation Sub Group in September / October 2003. The proposal to use local parents to carry out the User Satisfaction Survey was reluctantly dropped because of the length of time it would have taken to recruit and train local parents, and to obtain Criminal Records Bureau checks.*
44. A final recommendation from Year 2 was that SSB should comply with requirements for a Cost Benefit Analysis from Sure Start nationally, while continuing to approach its good practice model regarding transparency of financial issues. *A later section of this report records work carried out on cost effectiveness as part of the Year 3 evaluation.*
45. Other priorities identified by the Programme Manager (PM1) included development work on domestic violence and on the SSB Counselling Service, and an evaluation of the Speech and Language contribution to SSB. *Later sections of this report describe development work on domestic violence and an evaluation of counselling and Speech and Language services.*

4 User Satisfaction Survey

This section is based on the SSB User Satisfaction Survey Report produced in April 2004 by the local evaluators. It includes reference to SSB's Child Care Survey carried out in February 2000. The questionnaire for the 2000 survey was included in the User Satisfaction Survey in the Autumn of 2003, to provide comparative data. This section draws particularly on the final chapter of the User Satisfaction Survey Report entitled Discussion / Conclusions. The User Satisfaction Survey can be viewed on the NESS website.

46. NESS Guidance requires that Sure Start programmes obtain baseline data at the beginning of their operations about the needs of families with children under four. NESS requires that a survey exploring the satisfaction of local residents with children under five with both general services and with services provided by Sure Start is undertaken and repeated at three-yearly intervals. In Bramley a Child Care Survey had been carried out in February 2000 which provided baseline data about the views of local parents about services available, and other services which were needed. The questionnaire on which this survey was based was repeated verbatim and included with the User Satisfaction Questionnaire developed in the summer of 2003, ensuring that comparative data was obtained. The local evaluators, working closely with the Evaluation Sub Group, developed a User Satisfaction Questionnaire in the summer of 2003. This was distributed through all local Sure Start services and to the five Nursery Schools in the Bramley area. With the co-operation of local Health Visitors, questionnaires were sent to local parents with children with special / additional needs.
47. One hundred and fifteen (115) copies of the Repeat Survey Questionnaire were completed. One hundred and twenty-five (125) User Satisfaction Questionnaires were completed by parents in the SSB area and analysed using the SPSS 11 computer programme.

Findings

48. The Repeat Survey was smaller than the one in 2000, although more focused on parents with children under five. The proportion of participants with one child was much higher in the Repeat Survey than in 2000, and the proportion with two children was lower. There was evidence in the Repeat Survey of an upward trend in the use of pre-school services. The proportion of participants using *Parents and Toddlers*

was up by over 30%, and use of *playgroups* had increased by 17.5%. A smaller proportion of participants expressed a wish for more *Nursery provision* in the Repeat Survey, and this may be an indicator of needs being satisfied by more Nursery places. The same proportion of participants wanted more *child care advice* in the repeat survey as in 2000, which may indicate that an increased supply of child care services is linked to increasing demand.

49. The Repeat Survey seems to indicate that fewer participants were using *Dentists*, which deserves further exploration. The Repeat Survey also found increasing evidence of parents wishing for *opportunities to meet with other parents / carers*, and for groups *helping to prepare children for school*. Demand for *parenting groups* remained high.
50. Almost all the participants in the User Satisfaction Survey were mothers, and described themselves as *white UK*. Sixty per cent were in the 26 - 35 age group. Over two-thirds were living with a *partner* ; more than one-fifth were living with *no-one else*. Most of the participants had either one or two children. Participants were mainly either *at home looking after children* or in *part-time employment*. A higher proportion of participants with *partners* were in employment than those living with *no-one else*. Participants with *partners* responded that almost all of their partners were in *full-time employment*.
51. Most participants had high satisfaction levels with services during pregnancy and during the first five years of their child's lives. Satisfaction levels were highest in the first two months after the birth of the child.
52. Just over 40% of participants said that they had breast-fed their youngest child, most of them continuing until their child was three months old. Satisfaction levels with support services were high.
53. One-third of participants said that they had experienced post-natal depression and a smaller group said that they were *not sure*. Participants gave detailed accounts of support received from local services, most referring to help from more than one agency. Those who had experienced post-natal depression had high satisfaction levels with services available. While mothers from all family types experienced post-natal depression, those living with *no-one else* or with *adult relatives* appeared more vulnerable.

54. The proportion of mothers aged under twenty-five experiencing post-natal depression was lower than for mothers aged twenty-five or over. Satisfaction levels amongst participants were *high* or *very high* across all services including general health provision and under fives' services. There was much evidence of appreciation of *nurseries* and *pre-school* services. Satisfaction levels were lower for *parks / playgrounds* and for some aspects of *leisure provision* (e.g. swimming baths). Participants with children with special or additional needs expressed *very high* satisfaction levels with all local services.
55. Almost all (95%) participants felt that their children had *good quality play / learning opportunities*. Nearly three-quarters of participants said that they read to their child *every day* or *every other day*, including parents with special or additional needs.
56. Virtually all participants had heard about Sure Start Bramley. Well over half the participants had had contact with a Sure Start worker in the previous twelve months. Levels of satisfaction with Sure Start services, or with services funded by Sure Start were *very high*. Responses indicated that more information about services provided by Sure Start was required.
57. More than half of the mothers who said that they smoked had continued smoking during their last pregnancy. Most of them had not had help stopping smoking, and two-fifths of them said that they would welcome such help. A much higher proportion of participants living with *no-one else* compared with those living with *partner* smoked. Parents living with *no-one else* were more likely to welcome help giving up smoking.
58. It was acknowledged that the survey was probably skewed towards the views of people who had been able to access services including Sure Start, and was less representative of people with fewer contacts with local services.

Implications

44. The survey produced positive evidence about levels of satisfaction with local services, and about the impact of Sure Start, which is becoming widely known in the area. Satisfaction levels were high across a broad range of services.

45. Particularly positive features include:
- quality of nursery provision
 - development of good quality play facilities
 - range of parent and toddler clubs and creative opportunities for children under four and parents provided by Sure Start
 - Services developed locally to support mothers experiencing post-natal depression, including support provided by Sure Start
46. The survey highlighted the need for additional support for mothers living on their own with young children, for example their being more likely to experience post-natal depression and their need for additional help with smoking cessation.
47. The survey indicated that a broad range of promotion and advertising strategies for Sure Start were likely to be effective. Parents had information about Sure Start, but wanted more. Sure Start Bramley should review its information strategy to try to meet this demand.
48. Parents' requests for more supervised soft play areas for young children should be taken into account by Sure Start Bramley in planning future services. *(The evaluators have noted that this is already happening, for example in investments made by Sure Start Bramley at the Community Centre in the main council estate in the area served).*
49. Although parents of children with special / additional needs had high satisfaction levels with local services, Sure Start Bramley should prioritise improving access to its services by these children and their parents / carers.

Other Developmental Issues

50. Sure Start Bramley should review its strategies for promoting breast-feeding, including continuation beyond three months, with the Primary Care Trust and with local midwives.

51. Strategies for helping mothers who wish to stop smoking should be reviewed with public health professionals and the Primary Care Trust. Development of an information pack about smoking cessation could be considered.

52. Sure Start Bramley should prioritise development work about improving access to NHS dentists by local families. Information should be shared with other local Sure Start programmes and with Sure Start nationally.

Recommendation

Sure Start Bramley should review the evidence contained in the User Satisfaction Survey, and the implications highlighted in this section, and implement appropriate changes in its practice and service provision.

5 Outreach Team and File Review

This section updates the evaluation of the Outreach Team included in the Year 1 evaluation report. This is followed by a review of 212 files (closed cases); all the families included in the File Review had been supported by members of the Outreach Team.

Outreach Team

This section is based on interviews with the Deputy Programme Manager; with all the six members of the Outreach Team; and with a Play Development Worker and a Parent Information Worker. The section starts with an overview of the work of the Outreach Team and is followed by three case examples. Highlights of the work of members of the Outreach Team are included. The section ends with comments on the limitations of the Outreach Team's role and a recommendation about recording policy.

Overview

53. Five members of the Outreach Team are white British and one is Black Caribbean. Five of them are female and one is male. One (OR1) is a seconded health visitor. OR2 was previously a qualified nursery nurse. OR3 is a nurse with mental health experience. OR4 (a local mother who had completed a degree level course) and OR5 (a local mother with a counselling qualification) job-share a full-time Outreach Worker post. These five staff were all appointed by March 2001. OR6 is the male worker appointed in September 2003. The Deputy Programme Manager (DPM) was appointed in July 2002 and took over responsibility for supervising the work of the Outreach Team from the Programme Manager (PM1).
54. Sure Start Bramley has created posts for three Play Development Workers, the first of whom has been in post since the beginning of 2003. One of the three workers had the BTEC National Diploma in Play Work and was very experienced. SSB has established a Parent Information Worker (PIW) post which has been job-shared since the beginning of 2003. One of the PIWs is a qualified nursery nurse and the other has a background in Social Care. The Deputy Programme Manager provides monthly supervision for the Outreach Team, Play Development Workers and Parent Information Workers, including a review of work with individual families and project work. The DPM puts a premium on safe professional practice, ensuring that child

protection guidelines are carefully followed. Case files have also been assessed on a quarterly basis by a Senior NSPCC Officer. A recent development has been establishing Family Support plans which should be reviewed after twelve weeks. The DPM is interested in exploring short-term Brief Intervention Therapy as a tool for family support work, and some of the team have expressed an interest in this. Members of the Outreach Team have developed a model for tackling social exclusion: families are initially provided with intensive support; they are then offered support in accessing local services and developing support networks; the aim is to encourage families to develop confidence and independence and to be able to access support networks themselves.

55. All members of the Outreach Team undertake one-to-one support with families and also have commitments to supporting community projects. Overall, the team members allocate about half their time to each of these two activities. At the time of the interviews with the Outreach Team (May 2004) the average number of families supported was 8, with a range of 7 - 10 (the two job-share team members' caseloads were about the same as the full-time Outreach Team members). Team members were becoming more aware of the emphasis being placed on closing cases (referred to as "archiving") after a period of focused support. Three staff members including one Parent Information Worker (PIW) were involved in external training courses.

56. The five original members of the Outreach Team were by now experienced and confident in supporting families, developing community networks, initiating new projects, liaising with local agencies and promoting Sure Start. The role of the Male Outreach Worker was becoming established and was well supported. The Outreach Team had welcomed the appointment of the new Sure Start staff. The Outreach Team were working closely with the Play Development Workers, for example, on parent and toddler initiatives, and the Play Development Workers brought a new dimension to individual work with families (although time for this was at a premium). The Parent Information Workers had eventually been successfully integrated into the Sure Start team. This was after an initial rather isolated period based at the Children's Centre on the edge of a large council estate, until the whole Sure Start team moved to their present premises in Elder Road. The Parent Information Workers were now a valued resource and were becoming well known in the area. The PIWs had taken a lead role for the Sure Start team in manning the Drop-in and Advice Centre.

57. Evidence from the interviews with the Outreach Team confirmed that the level of motivation and commitment to and belief in Sure Start remained very high. There was a strong sense that working for Sure Start had been a positive and life changing experience for them. This belief was shared by more recently appointed members of the Sure Start team.

Case Examples

58. Three case examples were presented to the evaluators by members of the Outreach Team as part of the work undertaken on cost effectiveness (May 2004). In each case *presenting issues, resources within the family, inputs from SSB, and outcomes* are described. Reference is made to the Hardiker Grid (see **Appendix 1**) to assess the level of work in each case.

Case Example A - OR6 (Male Worker)

Length of Contact: 7 months

Presenting Issues

In this family, a mother and her one-year old child moved to Bramley from another part of the country, experiencing isolation, post-natal depression and housing problems.

Resources within the Family

Although separated, mother had access to a supportive former partner who remained involved with his son. M had good parenting and child care skills.

Inputs from Sure Start

Intensive weekly then fortnightly visits by OR6, plus supportive telephone calls. OR6 had an advocacy role, regarding housing, utilities, benefits. Health Visitor, GP and Home Start involved.

Outcomes

Effective help with housing and financial problems. M became less isolated and overcame post-natal depression. M developed a network of friends and her son was introduced to Mother and Toddler groups. M more aware of local facilities and planning to obtain a job.

Hardiker Grid: Level 2

Comment

59. The Outreach Worker's help, allied to other positive factors, appears to have had optimal impact on this family.

Case Example B - OR3

Length of Contact: 2½ years

Presenting Issues

Mother and three children aged 3, 5 and 7 came to the UK as refugees. Presenting issues included domestic violence; isolation; debts; housing and homelessness issues. M found it difficult to manage her practical affairs (e.g. obtaining passport).

Resources within the Family

M was outgoing and sociable. Positive approach to caring for her children. Able to access educational courses for a time.

Inputs from Sure Start

Intensive involvement by OR3 over three-year period. Weekly visits eventually reduced. M involved in Women's Group (Domestic Violence). OR3 provided advocacy on financial and housing issues. OR3 provided role model for handling issues of racism. Health Visitor, Racial Harassment Team and Police also involved.

Outcomes

Range of practical problems dealt with including housing repairs, opening bank account, obtaining passport, and successful application to SSB Parents' Fund for furniture and Hoover. OR3 provided mediation with other agencies.

M dependent on OR3 and resistant to case being closed.

Hardiker Grid: Level 2 (felt like Level 3!)

Comment

60. This family relied heavily on the OR Team's support for a long period. Without such support the family would have struggled to survive.

Case Example C - OR2

Length of Contact: 14 months

Presenting Issues

Mother and five children aged 8 months - 12 years with multiple problems; mother had experienced domestic violence, had alcohol problems and possibly learning difficulties. Daughters aged 2 years and 8 months were overweight. Serious non-school attendance for older children. Son 5 had speech delay. Daughter 8 seemed withdrawn at school. Daughter aged 12 much involved in supporting mother. Gaps in ante-natal care, health checks and immunisation. Children neglected.

Resources within the Family

M loved her children and bonded with them. M had eventually accepted that she needed support. 12 year old daughter very helpful.

Inputs from Sure Start

OR2 had been involved for a year, frequently visiting twice per week. Had regularly taken daughter aged 2 to nursery. OR2 had successfully involved a range of agencies to support the family. Liaison with Education Welfare; School Nurse; Learning Mentor; Social Services (Family Aid); Speech and Language Therapist; Health Visitor; Children's Centre and Police. SSB Play Workers visiting the family fortnightly.

Outcomes

Mother persuaded to attend Health Clinic for ante-natal care. Immunisation for five children obtained. OR retained focus on child safety issues in the home. Problems with benefit forms resolved. Daughter aged two attending nursery regularly.

Hardiker Grid: Level 3

OR2 commented that in this case she felt that SSB had provided a "buffer" for Social Services as regards child protection issues.

Comment

61. The OR Team's support helped produce tangible social and health gains for this family with complex problems. The OR Team Worker helped co-ordinate multiple agency support.

Outreach Team: Key Issues

62. OR1 had taken the lead role for SSB in facilitating support groups for mothers experiencing post-natal depression (jointly with a Health Visitor and the NSPCC). OR1 had also been involved in development and promotional work linked to post-

- natal depression. OR1 was now completing an accredited course run by Voluntary Action Leeds on the management of volunteers, including training, recruitment and retention. SSB planned to develop training for volunteers jointly with Home Start. Volunteer involvement is an important strategic objective for SSB.
63. OR2 has taken on more responsibility as link worker with the Children's Centre and for the Community Centre on the large housing estate in the SSB area; and represents the Outreach Team on the Child Care Sub Group and the Building Sub Group. OR3 also attends the Community Café at the Community Centre and supports a drop-in there and is developing a Healthy Living Network providing lunch, housing and benefits advice with involvement from the Leeds Credit Union.
64. OR3 initially provided individual support to minority ethnic families. OR3 has played a lead role in the Women's Group (Domestic Violence). OR3 has helped develop play sessions at a local hostel for homeless women and at the Reception Centre for refugees. OR3 is undertaking an advanced diploma in Therapeutic Counselling, which contributes to raising standards in SSB of work on, for example, domestic violence.
65. OR4 has had a main involvement with a very well attended Parents' and Toddler Group, now shared with one of the Play Development Workers. One of OR4's main contributions has been continuing to run Infant Massage courses, at least one every half term over the past three years. All the courses have been evaluated and have been very popular. OR4 has also provided Infant Massage to more isolated mothers in their own homes. She has plans to undertake a Baby Yoga training course.
66. OR5 has specialist knowledge on benefits which has been a resource for the Outreach Team. Her counselling qualification has been valuable both in her one-to-one work, and as OR3's co-worker in the Women's Group (Domestic Violence).
67. OR6 (Male Worker) is now an established member of the team. OR6 carried out consultation with local fathers in his first few months in post which indicated the importance of fathers being able to access support, and appropriate activities, at evenings and weekends. Further analysis of the Male Worker's role is included in the section below on *Work with Fathers*.

Limitations

Comments drawn from interviews with members of the Outreach Team

68. Members of the Outreach Team considered that their brief to work only with children under four was restrictive. Older children in families supported by Sure Start had missed out on opportunities now available to younger children. Members of the Outreach Team thought that Government initiatives placed too much emphasis on expecting parents to go out to work. The benefits of Sure Start could be more apparent for parents who were sociable and able to join in activities for parents and children.
69. A key issue for the Outreach Team was achieving a balance between supporting parents and avoiding dependency. SSB provided many benefits to parents with small children. The Outreach Team had constantly to keep in mind the importance of parents taking over responsibility for initiating and running events themselves.

Record Keeping - Recommendation

70. Members of the Outreach Team considered that record keeping had improved as a result of recent initiatives such as the review of archived files. Families fill in a registration form and this is entered onto the computerised database, together with details about contacts with families recorded on separate sheets. During recent evaluation exercises concerns have been noted about registration forms not having been completed, and about delays in contact sheets being inputted. Although improvements have been made, SSB has not consistently been able to access reliable computerised data up to the present time.
71. ***Ensuring that reliable data is entered onto the SSB database is a priority for SSB and the Outreach Team. Sure Start Bramley Management should urgently review, and where necessary improve, its data inputting systems to ensure that reliable management information is regularly available.***

File Review

In discussion with the Deputy Programme Manager and the Outreach Team it was agreed that a review of files for families with whom the Outreach Team had worked should be undertaken in May / June 2004. This section describes the way the review was carried out and reports findings from the analysis of data collected.

Methods

72. It was agreed that the evaluators should not read the case files themselves as consent would have been required for this from the families involved. Instead, a data sheet was compiled (see **Appendix 1**) and this was completed for each file by a member of the Outreach Team. One of the evaluators attended the Sure Start Office for the first two days of this exercise to provide advice to the Team. The review was time limited over a three-week period from late May to mid June. Each data summary took approximately ten minutes to complete.
73. The File Review included both open and closed cases. Data summaries were completed for two hundred and twelve (212) files comprising all open and closed files going back over the three years during which the Outreach Team had been running. The content of the data summaries was then inputted onto an SPSS database and the results were analysed, producing the findings below. An estimate of the level of work undertaken, with reference to the Hardiker Grid (see **Appendix 2**) was included in the data summaries. This involved an assessment of whether the work undertaken by the Outreach Team was at the level, for example, of general family support, or of planned intervention, following an assessment, to deal with complex problems. This assessment was carried out for all cases reviewed by one of the evaluators, to ensure a consistent and independent approach.

Limitations

74. Members of the Outreach Team completed data summaries for their own files as well as for other workers. This produced the required data, but was a less independent approach than having the files summarised by a third party. Outreach Workers completed data summaries on families known to them, and on families known to

other members of the team. In this exercise families did not have an opportunity to comment themselves.

75. The File Review provided an opportunity to describe the focus of their work with each family themselves, and did not restrict them to describing particular categories of work. This made analysis complex as some activities had to be grouped together, for example, different kinds of financial help. The analysis enabled clear patterns to emerge, but total accuracy may not have been achieved.

Findings

76. The File Review produced data about two hundred and twelve (212) families who had been referred to the Outreach Team over a three year period.
77. Out of the 212 families eighty-eight (88) were two-parent families; and one hundred and twenty-four (124) were lone parents.
78. Numbers of children in the families referred are shown in **Table 1** below:

Table 1
Number of children under four

| Age | Number | Per Cent (out of 199) |
|--------------|---------------|------------------------------|
| 0 | 1 | |
| 1 | 146 | 73 |
| 2 | 46 | 23 |
| 3 | 5 | |
| 4 | 1 | |
| Missing | 13 | |
| Total | 199 | |

79. The total number of children in the families referred are shown in **Table 2** below:

Table 2
Number of children in Family

| Age | Number | Per Cent |
|--------------|------------|----------|
| 0 | | |
| 1 | 95 | 45 |
| 2 | 52 | 25 |
| 3 | 29 | 14 |
| 4 | 25 | 12 |
| 5 | 7 | |
| 6 | 1 | |
| 8 | 3 | |
| Total | 212 | |

80. The ethnicity of the families referred is described in **Table 3** below:

Table 3
Ethnicity

| Ethnicity | Number | Per Cent |
|----------------------|------------|---------------------------------|
| White British | 177 | 83 |
| Dual Heritage | 7 | |
| African | 6 | |
| European | 4 | |
| Middle East | 3 | |
| Chinese | 2 | 17 (all minority ethnic groups) |
| Irish White | 2 | |
| Asian | 1 | |
| Montserrat Caribbean | 1 | |
| Total | 213 | |

There is a discrepancy of 1 on the total figure

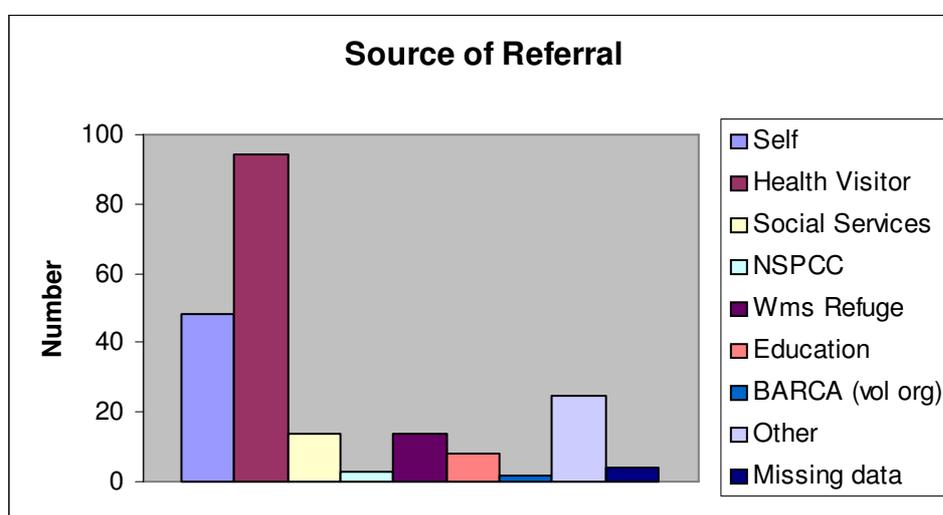
Notes

81. Dual Heritage included Asian White; Asian African; father White, mother Caribbean Black; and other descriptions. African included Somali; Egyptian; Ugandan; Zimbabwean; and Black African (2). European included Portuguese; Polish; Kosovan and Greek. Middle East included Iraqi; Syrian and Kurdish.

82. The source of referral for the families included in the File Review is described in **Table 4** and the bar chart below:

**Table 4
Source of Referral**

| Ethnicity | Number | Per Cent (out of 208) |
|------------------------------|------------|-----------------------|
| Self | 48 | 23 |
| Health Visitor | 94 | 45 |
| Social Services | 14 | 7 |
| NSPCC | 3 | |
| Women's Refuge | 14 | 7 |
| Education | 8 | |
| BARCA (local voluntary org.) | 2 | |
| Other | 25 | 12 |
| Missing | 4 | |
| Total | 212 | |



83. Main reasons for referral to SSB are summarised in **Table 5** below:

**Table 5
Main Reasons for Referral**

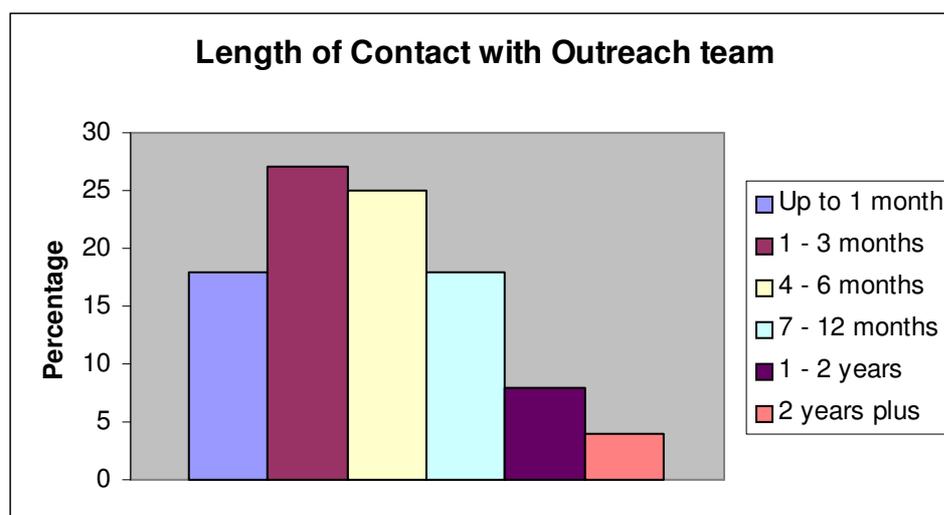
| Access Groups, Child Care | Isolation | Domestic Violence | Housing | General Support | Depression | Child Behaviour | Information local services | Parenting Skills | Post Natal Depression | Health Issues |
|---------------------------|-----------|-------------------|---------|-----------------|------------|-----------------|----------------------------|------------------|-----------------------|---------------|
| 50 | 49 | 45 | 43 | 33 | 29 | 27 | 24 | 20 | 20 | 15 |

84. Other reasons for referral mentioned fairly frequently were *new to area* (11); *financial or benefit issues* (11); *child protection issues* (11); *drugs / addiction* (8) and *parental mental health* (7).

85. Other issues mentioned less frequently were: *children with special needs (5); refugees (5); relationship issues (5); practical support (4); deprivation (3); sleep problems (3); partner in prison (3); mother in hostel (2).*
86. The length of contact between families referred and the Outreach Team is summarised in **Table 6** and in the bar chart below:

Table 6
Length of Contact with Outreach Team

| Time | Number | Per Cent (Out of 192) |
|---------------|------------|-----------------------|
| Up to 1 month | 35 | 18 |
| 1 - 3 months | 52 | 27 |
| 4 - 6 months | 48 | 25 |
| 7 - 12 months | 34 | 18 |
| 1 - 2 years | 16 | 8 |
| 2 years plus | 7 | 4 |
| Missing | 20 | |
| Total | 212 | |



87. The average length of contact per family was 5.3 months. This was calculated by taking a mid point for the five time intervals up to two years. *Two years plus* was calculated as twenty-four months.
88. Additionally, the File Review included seven families who were re-referred after their cases had been closed. Four of this group were two-parent families and three were lone parents. Three of them were *self-referred*; three were referred by their *Health Visitor*; and one was referred by *Education*. Reasons for referral were *isolation (3); depression (1); general support (1); housing problems (1); financial problems (1).*

Domestic violence was an additional reason for referral in one case. In none of these cases was *child abuse* or *child neglect* a reason for referral.

89. The numbers of areas of work focused on are described in **Table 7** below:

Table 7
Number of Areas of Work Focused On

| Number of Areas | Frequency | Per Cent (Out of 179) |
|-----------------|------------|-----------------------|
| 0 | 4 | |
| 1 | 26 | 15 |
| 2 | 38 | 21 |
| 3 | 38 | 21 |
| 4 | 46 | 26 |
| 5 | 18 | 10 |
| 6 | 7 | |
| 7 | 5 | |
| 8 | 3 | |
| 9 | 1 | |
| 10 | 2 | |
| 13 | 1 | |
| Missing | 33 | |
| Total | 212 | |

90. The main areas of work focused on are described in **Table 8** below:

Table 8
Main Areas of Work Focused on

| Housing | Liaison | SSB Provision | Child Care / Nursery | General Support | Information | Financial Help | Domestic Violence | Liaison with GP / Health Services | Parenting Skills | No access achieved |
|---------|---------|---------------|----------------------|-----------------|-------------|----------------|-------------------|-----------------------------------|------------------|--------------------|
| 67 | 61 | 38 | 37 | 34 | 30 | 29 | 26 | 24 | 22 | 20 |

91. Providing *furniture* was mentioned 17 times. In 15 cases work on *post-natal depression* was highlighted. Helping parents access *education courses or training* was described 13 times. Accessing *nursery* was described 13 times. Accessing *courses* was described 11 times and there were, additionally, 9 further instances of information being provided on courses. Work focusing on *education* was mentioned 10 times. Involving *speech and language* was mentioned 9 times.
92. Other areas on which work focused were mentioned less frequently including: *practical support* and *help obtaining grants* (7); referral to *NSPCC* (6); accessing *infant massage* (6); work on *child behaviour / tantrums* (5); work on *isolation* (6); work

on *mental health* (5); referrals to *Home Start* (5); referrals for *counselling* (5); work on *drugs / alcohol* (4); referrals for *swimming* (4); work on *sleep problems* for children was also recorded (4). *Safety* or providing *safety equipment*; and *information about volunteers* were referred to 3 times. Referrals to *CAB* were mentioned 3 times and involvement in the *Toy Bag* scheme was also mentioned 3 times. In 3 cases referrals to *Social Services* were recorded.

93. A number of areas of work were mentioned infrequently including *smoking cessation* (2); *eradication of mice* (2); *work with older children* (2); *providing baby equipment* (2); and *general advice* (2).

94. Outreach Team Workers described the range of activities in which they were involved with individual families as illustrated below:

...work on alcoholism, integrate M. into groups, support with Probation issues...

...baby massage, swimming, hydrotherapy, accompany to activities...

...case conference, hygiene advice, Toy Bag, Children's Fund (Worker) with older children...

...children's behaviour, child protection reviews, support re Parenting Fund application about holiday...

...English classes, accompany to Parents and Tots, referral to BARCA Worker, information about services in area...

...information about Helping Hands Creche, information about Parents and Tots and about Nursery, Summer Fund programme...

...isolation, accompany to courses, counselling, self-esteem and confidence building...

...practical and emotional support with Education, Health, Housing, alcohol and substance abuse...

...involve Refugee Support Worker, access English classes, breast-feeding support...

Child Protection

95. Work on *child protection* or *neglect* issues was mentioned infrequently as a focus of work, mainly in cases where children were on the Leeds Child Protection Register. Additionally, in thirty-eight (38) cases the File Review indicated that child protection issues had been identified. The File Review recorded that there was no evidence of child protection or neglect issues in one hundred and twenty-seven (127) cases. These figures may underestimate the contribution being made by the Outreach Team in cases where child protection issues, and associated issues in domestic violence cases, have been identified.
96. In thirty-six (36) cases Outreach Team members commented on child protection issues. The comments indicated that the Outreach Team were aware of child protection issues and of the involvement of other agencies. In these cases, such serious concerns provided the background for the Outreach Team's intervention. Their comments included the following:

...child on register - alleged sexual abuse - not proven...

...child protection issues mainly with older children...

...children on register at risk from father regarding sexual abuse (father is Schedule 1 offender)...

...Grandma has children due to daughter's violent partner. Social Worker involved...

...Mother's mother has children due to daughter living with violent partner...

...Social Worker intervention - children hungry and unkempt...

Groups Used by Parents and Children

97. In approaching half of the cases analysed (105 out of 212), the Outreach Team described groups used by parents linked to their involvement with SSB. Groups or activities frequently mentioned included *counselling; holiday activities; Parents and Toddlers and Parents and Tots; post-natal depression groups; swimming activities; Toy Bag scheme; and Women's Group (Domestic Violence)*.
98. The number of groups accessed by individual parents is described in **Table 9** below:

Table 9
Groups used by Parents

| Number of Groups accessed by each family | Frequency | Per Cent |
|--|------------|----------|
| 1 | 47 | 47 |
| 2 | 30 | 30 |
| 3 | 9 | |
| 4 | 11 | 11 |
| 5 | 2 | |
| 6 | 1 | |
| 7 | 1 | |
| Total | 101 | |

99. Groups mentioned as frequently used by children partly overlap with those used by parents. They include *creches; holiday activities; Tuesday Tots / Parents and Toddler Groups* (over 30 references); *swimming activities; Toy Bag scheme; and trips / activities / summer fun*. The number of groups accessed per child are described in **Table 10** below:

Table 10
Groups used by Children

| Number of Groups accessed per Child | Frequency | Per Cent |
|-------------------------------------|-----------|----------|
| 1 | 41 | 48 |
| 2 | 24 | 28 |
| 3 | 10 | 12 |
| 4 | 9 | 10 |
| 5 | 0 | |
| 6 | 2 | |
| Total | 86 | |

Other Outcomes for Parents and Children

100. The File Review provided an opportunity to record *other outcomes for parents and children* and this was done in seventy (70) cases. In a large majority of these positive comments were made about successful outcomes, problems having been resolved or appropriate referrals having been made to other agencies. These are illustrated below by quotations from the Data Assessment Sheets.

...able to complete GCSEs.

...accessing services independently.

...access to Family Aid and Home Start (there was positive mention of Home Start in five other cases).

...asylum status granted, re-housed.

...children attending school regularly.

...family relationships better, qualifications gained.

...more confident in community, now has network of friends via the groups.

...parent feels better for meeting other parents.

101. Three families had been re-housed. One of them had been *re-housed outside SSB area; confidence and management of finance and housekeeping improved.*

102. In some cases there was evidence that complex problems had been resolved.

...son attends nursery; mother and father not on heroin; father in work; mother looking at courses.

...Social Services returned children from care to mother.

...sorted out access for daughter, partner now out of house.

103. In three cases there was specific mention of parents obtaining qualifications. In four cases mothers had obtained employment ...*M does not want SSB help now, got a job.*
104. In other cases there was reference to...*counselling through GP; and...English classes.* Four families were referred to the NSPCC for family support including direct work with children. Another family was referred to the SSB Counselling Scheme; there was mention of support from a Speech Therapist in one case and to support from a Community Psychiatric Nurse in another.
105. In two cases there were unresolved issues. One referred to ...*second child in care;* and in the other there was reference to a child being remanded into care.

Reasons for Ending Work / SSB Involvement

106. In a large majority of cases (157 out of 163) a single reason was given in the File Review for closing cases. Two reasons were given in six cases. Some of the main reasons for closing cases are described in **Table 11** below:

Table 11
Reasons for Closing Cases

| Moved Away | Accessed Appropriate Services | Achieved Independence | Children taken into care | Problems solved | No access |
|------------|-------------------------------|-----------------------|--------------------------|-----------------|-----------|
| 46 | 19 | 12 | 7 | 6 | 6 |

107. Information was analysed on other reasons for ending work / involvement in individual cases. In some of these there is evidence of a carefully considered plan to terminate involvement.

...parent went back to work; planned ending; youngest child turned five

...children registered, M in new relationship and planned ending

108. In other cases it was clear that the time had come for the case to be closed. In some cases parents were accessing services independently (7 quotations). In one case the ...*Health Visitor said there was no need for further work.* In other cases there was reference to parents (mothers) *moving on to training, or starting full-time work.*

In another case it was stated that *...M has enough support now*. In another case, the *...Mother was supported by Father and (did) not need help*; and in another instance it was the *...parents' decision (that) support was no longer needed*. Other cases were closed when parents' needs for information had been met (2).

109. In five cases work came to an end because the children reached the age where they were too old for Sure Start's involvement. In one of these cases the family *...needed more support with older children, not in SSB's remit*. Sure Start Bramley's remit was mentioned as a reason for closure in another case as well.
110. In a small number of cases there was evidence that cases were closed in unhappy circumstances. In one case the *...Mother lost faith in Sure Start, worried that her children would be taken into care*. There were references to mental health problems for parents in two cases. In one of them the mother was *...admitted to (name of mental hospital), children in custody of father, outside SSB area*. There were also brief illustrations of cases of ending when children had to be taken into care, as illustrated in Table 11.

Estimated Level of Work

111. An estimate of the level of work undertaken by the Outreach Team was made in 164 cases, where there was evidence of engagement and a period of continuing activity. In the other (38) cases, the Outreach Team may have spent a considerable amount of time providing information, and attempting to make contact with the family. This review had shown that this was not always possible.
112. The assessed level of work (Hardiker Grid) is summarised in **Table 12** and the bar chart below. What was evaluated was the work done by the Outreach Team, and not the complexity of the problems which families experienced. Some families with very complex problems were referred where the Outreach Team may have focused, quite appropriately, on support and liaison, rather than attempting to deal with deep-rooted problems. The assessment was made on the basis of the data summaries provided, and it is probable that these summaries underestimate the level of work undertaken by the Outreach Team in some cases.

Grading Scale

113. Levels of work in **Table 12** below have the following definitions:

Level 1: work has mainly involved liaison and signposting to both general and Sure Start services.

Level 1.5: the Worker has spent time supporting the family, with the main emphasis on signposting and liaison.

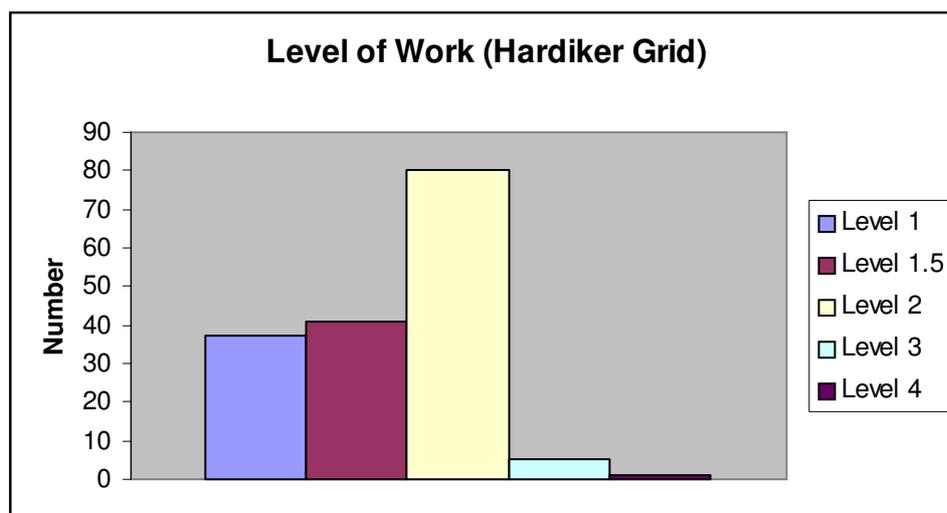
Level 2: clear evidence of time spent on supporting / counselling the family, as well as liaison and signposting activity.

Level 3: key worker role with children and families with complex needs requiring intervention.

Level 4: key worker role with children and families in crisis needing urgent and/or intensive intervention.

Table 12
Level of Work (Hardiker Grid)

| Level of Work | Frequency | Per Cent |
|----------------------|------------------|-----------------|
| Level 1 | 37 | 23 |
| Level 1.5 | 41 | 25 |
| Level 2 | 80 | 49 |
| Level 3 | 5 | 3 |
| Level 4 | 1 | |
| Total | 164 | 100 |



Commentary on Findings

114. The File Review indicates that the work of the Outreach Team is appropriately targeted to lone parents. Evidence from the User Satisfaction Survey (see above) was that lone parents tended to need more support than two-parent families. There is also evidence that the Outreach Team's work is appropriately targeted towards families from ethnic minority groups, who make up 17% of the families supported, whereas people from minority ethnic groups constitute less than 3% of the Sure Start Bramley population.
115. Health Visitors refer approaching half of all families through Sure Start Bramley. The next largest group are *self-referrals* (approaching a quarter of the total). Arguably, people who refer themselves to services are more highly motivated than people referred by agencies. Sure Start Bramley may wish to consider how the proportion of self-referrals might be further increased. Families are referred to Sure Start with a wide variety of presenting problems. Indications from the File Review are that two reasons for referral per family was about average.
116. *General support, accessing groups / child care, and information about local services*, taken together, made up one hundred and seven (107) reasons for referral. Another group comprising *isolation, depression, and post-natal depression* made up ninety-eight (98) reasons for referral. *Domestic violence* was a reason for referral in forty-five (45) cases, and *Housing* in forty-three (43) cases. *Child behaviour*, and *parenting skills* were a reason for referral mentioned forty-seven (47) times.

117. In thirty-five (35) cases the Outreach Team's period of contact with families was up to one month. Overall, the evidence suggests that in these cases (or possibly slightly more), it proved difficult to engage with the family. Discounting cases where the period of contact was up to a month, the average period of contact was more than six months, representing a considerable investment of time. The Outreach Team is now placing a priority on closing cases when targets have been achieved. The Team may wish to review whether the current average period of contact is about right, or whether a slightly shorter period should be aimed for.
118. The File Review shows that it was relatively unusual for the Team to focus on a single area of work (26 cases). More typically, the Team were assisting with two, three or four areas as part of the support provided. Work undertaken could have a practical focus such as providing information or helping families to access local facilities; and this could be combined with emotional support, tackling isolation, or depression or assisting with parenting skills. Some families would need more practical help, and others more help focusing on confidence building. A number of examples are included in the text.
119. Child protection was infrequently the main focus of work for the Outreach Team, and was more often part of the context in which team members worked. However, as indicated in paragraph 95 (above) the contribution being made by the Outreach team in cases where child protection concerns had been identified should not be underestimated. It is reasonable to assume that Social Services or the NSPCC would take on a key worker role in these cases. Sure Start Bramley has placed a premium on child protection awareness training, and child protection issues are regularly covered in supervision sessions.
120. The Leeds Home Start Co-ordinator has commented that, after reading the file review, she noted that some families could have benefited from the one to one emotional support that Home Start offer alongside the support of the Outreach Worker. Some of these families had not been referred to Home Start and, in this regard, the Outreach Team could make fuller use of the partnership resources available.

Domestic Violence

120. Issues regarding domestic violence are covered in a later section of this report.

Services provided and endings

121. The File Review demonstrates that the work of the Outreach Team involved linking both parents and children to groups and services available in the Bramley area: about half the parents and about half the children were linked with a single group; the other half accessed two or more groups.
122. *Moving away from the area* was the most frequently cited reason for ending contact. Out of the seventy (70) cases where the Team commented on the position reached when cases were closed, a large majority referred to positive conclusions, where families had benefited from support and were now more independent, or where referrals to appropriate agencies had been achieved. In a small number of cases Sure Start Bramley was unable to help because the children were too old. In a few cases *mental health* or serious *child care* problems persisted.

Level of Work

123. Assessment of the level of work undertaken indicates that the Outreach Team was generally working at Level 1 / 2, with about half the families with whom the Team engaged receiving Level 2 support. This seems appropriate. Sure Start provides a valuable addition to local resources to support families, and the Team has placed a premium on ensuring that team members can access appropriate training to ensure that support provided to families is effective. Work at Level 3 and Level 4 is mainly undertaken by specialist agencies such as Social Services or the Children and Adolescent Mental Health Service (CAMHS) for families with complex needs.

Recommendation

124. It is recommended that Sure Start Bramley considers the findings of the File Review and implications for practice, including possible opportunities to refer more families to Home Start.

6 Strategic overview of current service provision in Sure Start Bramley

125. This chapter outlines evaluation activities in relation to the following areas of work:: domestic violence; fathers and male carers; postnatal depression; counselling, and speech and language services. It documents what has been an evolving evaluation process in relation to the first three areas of work, before moving on to consider the latter two. Work with men can also be located usefully within the concerns of the first part of this section. The speech and language evaluation was a separate piece of evaluation.

Background

126. The initial impetus for this overview came from the former Programme Manager (PM1), in a meeting with the evaluator Brid Featherstone in January 2004. She wished to consider the reconfiguring of services currently operating as discrete services; the women's group; the post natal depression group and the individual counselling provided by specialist counsellors. A rationale for this was a perception that there was a degree of overlap between the issues experienced by women attending the two groups and those attending for counselling. The issues were identified as: childhood experiences of violence and abuse, and difficulties in adult partner relationships around power and control. PM1 perceived violence by men to women as the key underlying factor in the difficulties presented by women to many of the services in Sure Start Bramley.

127. PM1's concerns included:

- lack of opportunities within Sure Start Bramley for discussion about the commonalities between women attending services;
- a perceived degree of stigma attached to those who explicitly stated they were experiencing domestic violence and an associated hierarchy in relation to what were considered the most valuable activities engaged in by Sure Start Bramley;

- the current situation in which groups operated as separate services;
 - the need for discussion about how post natal depression was conceptualised and dealt with.
128. This meeting was also attended by the Sure Start Consultant (CC) who delivers the specialist counselling service. She was interested in using the evaluation to reflect on how the counselling role operated in a community setting, and to contribute to discussions about service provision based upon her experience of what issues were emerging as important in the counselling sessions.

Evaluation Plan

129. The evaluation evolved for a number of internal and external reasons.
- whilst the above discussions provided a framework, they reflected the views of one person in the main and needed to be tested out much more widely and explored empirically;
 - testing out such explorations prompted further refinement of the evaluation as will be apparent particularly in relation to the work with women experiencing violence;

Evaluation activities undertaken

- a series of discussions were held with the workers currently delivering the service to women experiencing violence ;
- a preliminary file review was undertaken to assess the extent of domestic violence issues at the point of referral;
- a joint discussion was held with those running both domestic violence and post natal depression services;
- a series of discussions were held with the counsellor;

- the work with fathers was evaluated through an interview with the male outreach worker partly but not wholly in the context of considering the overall service provision in relation to domestic violence;
- Speech and Language: data sources and methods are included in the section dealing with this subject.

(i) Domestic Violence

The women's group

130. The women's group is the term which is used, for safety reasons, to refer to the group which is run for women who have experienced violence from a man they know, or for any women concerned about the issue who want to know how they can support someone they know. Initial discussions with those delivering this service ascertained that they were concerned to:

- explore how their service interrelated with other services provided by Sure Start Bramley which, as indicated, was the initial brief of this evaluation;
- and review their provision in relation to a range of issues such as the structure and content of the group, referral practices and working practices.

131. *The group : its current structure and functioning*

The group started in January 2001. It was designed to meet the target of *improving social and emotional wellbeing*, in particular by improving contact with parents to ensure early identification and support. The Delivery Plan (2002) for Sure Start Bramley specified the following activities:

- training for local workers on the issues for women and children who are experiencing violence from men they know;
- group work, effective resourcing and referrals to specialist agencies for women requiring support;

- opportunities for men to address their behaviour and access support services.
132. Thus the group is part of a programme offering a range of services at different levels in relation to domestic violence. The evaluation has mainly concentrated on group activities although the other services are also considered.
133. From the start the group took referrals from outside the Sure Start Bramley area and from women with children over four. This has changed in relation to children (participants must now have children under four), but women from outside the area can still attend. There is a twelve-week programme which intermixes advice, support, craft and relaxation inputs. However, attendance at the group is not time limited, with two women having attended for over two years. Weekly membership varies from two to eight. A register is kept and workers have noted that turnover has been high. Many women come to find out about specific resources and do not attend the full programme. All women are followed up although there are issues here when women do not live in the Sure Start area. For example, such women cannot be referred to the counselling service. The costs of running the group are considerable, as it involves two outreach workers running the group, two crèche workers and the room has to be paid for.
134. The workers had already begun a process of reviewing aspects of the service provided, as well as related issues concerning the appropriateness of current provision. In particular, they were considering moving towards a time limited format for the group with a follow on drop in facility. This would mean that the group functioned more like the post natal depression group. Thus there would be a structured format for twelve weeks, then a review, and women could move on to the drop in facility where attendance would also be reviewed after twelve weeks. For those who wished to contribute and stay involved in the longer term, the possibility of developing a befriending scheme could be considered, and this scheme could be incorporated in current proposals to develop volunteer involvement more generally in Sure Start Bramley. The above possibilities had been discussed with current group attendees by workers during the course of this evaluation, and whilst there was some anxiety about the possibility of change, there was also an understanding of the rationale for change.

135. A key impetus behind changing the format was that a structured programme does not work well with a non time limited set of participants. It can become tedious and repetitive. There were other reasons also for change which emerged throughout the course of the evaluation. One important reason was that the different format adopted had singled out this work from other services provided by SSB in ways which were counter productive.
136. In terms of appropriateness of current provision the workers were concerned about the following:
- a group response is not always what is wanted by women experiencing domestic violence; the complexity of women's needs means that a set venue and crèche provision may not be sufficiently flexible;
 - although emergencies can be dealt with, the group has not been set up as a provision which responds in a crisis: it is not open weekends or evenings and does not operate in school holidays;
 - staffing difficulties in partner agencies have meant that other resources appropriate to the women's needs have not always been accessible.

Process issues and working practices

137. The workers expressed concerns that the women's group was not perceived as positively as other aspects of Sure Start Bramley's provision generally. They felt that there was a degree of stigma attached to both the women who explicitly expressed concerns about domestic violence, and the workers who ran the group.
138. The workers were also concerned that particular sessions could be very harrowing. Many of the women attending have been sexually abused in the past. Workers reported, for example, that of the five women currently attending, four had been sexually abused. The workers do debrief afterwards, are supervised as all Sure Start workers are, and have more recently employed the services of the counsellor (CC), particularly in relation to discussing the impact of child sexual abuse upon adults. The latter development has arisen partly because (CC) is supervising one of the workers for her work on an external course.

Overlap / interface between services

139. A consultation exercise had been undertaken at the end of 2003 with service users and workers by staff in Sure Start Bramley to ascertain whether a general women's group might be more useful to women than a group which concentrated on identified issues, such as domestic violence and post natal depression. The questionnaire used for this purpose asked women whether they would they like to attend a group and a range of possible topics were identified. This showed that women would welcome discussions on a variety of topics but was not detailed enough to give a clear view of whether women with particular issues would attend a more general group. Moreover, only three women who attended the post natal depression and the women's groups at that time returned forms. (The evaluators were not involved in this exercise and are not able to comment on the process by which the questionnaire was administered).
140. Consultation with staff indicated that merging the groups would have the advantage of freeing up time and resources, but was also considered problematic. It was felt that it might be uncomfortable to deal with the issue of domestic violence in a mixed setting, and that this discomfort might be felt by those experiencing such violence and those not.
141. The evaluator explored the issue of a merger and the establishment of a general women's group in a variety of discussions with staff in both groups and more broadly with programme staff. It seemed as if there was little enthusiasm for a merger although staff from the women's group were more positive.

Discussion

142. The evaluation has revealed that the question of a merger was probably a distraction from considering a range of important issues.
143. There seemed to be a lack of understanding about the complexity of the links between childhood abuse, domestic violence and difficulties in parenting. For example, a number of staff members expressed the opinion to the evaluator that domestic violence and post natal depression were different issues requiring different responses. Whilst different responses may indeed be required, there are complex links between domestic violence, depression and child abuse/neglect (Stanley,

1999). This does not mean that all mothers who are depressed are experiencing violence and are either neglecting or abusing their children. Research evidence does not always lend itself to either crude prediction or to causal explanations. However, the research evidence does suggest the importance of bearing in mind a range of possible factors and consequences when considering mothers' depression.

144. The issue of consequences is very important here. For example, a concern of those running the women's group was that there was little provision for children, although a crèche is provided for those whose mothers attend the group. Structured work is not undertaken with children about what is happening in their homes. This is problematic as there is an established body of research, sanctioned at a policy level by government, highlighting the importance of understanding the implications for children of living in a household where domestic violence is occurring (Cleaver et al, 1999) This links to an important issue about provision for children in Sure Start Bramley more generally which was raised by others during the evaluation (see discussion below in relation to counselling). There is a focus on running groups for parents or providing counselling for parents which does pose questions about the spaces available to children to deal with the impact upon them of post natal depression and / or violence.
145. As indicated earlier, in the original brief for this evaluation, the issue of stigma was raised in relation to domestic violence. This term recurred throughout the evaluation and, when unpacked, seemed to carry a range of different meanings. There was a clear feeling that work on domestic violence was not perceived to be as valuable as other work carried out by Sure Start Bramley. In the evaluators' view this may be due to a number of intrinsic and extrinsic factors. Domestic violence work does not explicitly relate to a Sure Start target. In the evaluation carried out in Year 1 there was a view that such work might be off putting to the local community, and in particular, contribute to a perception of Sure Start as "*anti-men*". Consequently, it is probable that this work has not been owned by all involved in Sure Start Bramley from the onset, and there is now a historical legacy of discomfort in relation to this work. This may have been compounded by a mistaken but influential view in Sure Start Bramley that most family problems have their origin in domestic violence (see original brief for this evaluation, and discussion of the statistics below). Furthermore, it is our view that it was problematic to set up the provision in ways that were different from other provision (for example, by not having fixed time limits and taking the parents of children over four).

146. It is possible that alongside factors intrinsic to Sure Start Bramley there are extrinsic factors to consider, although it must be stressed that the following is a hypothesis on the part of the evaluators, and is offered in the spirit of contributing to an ongoing discussion within Sure Start Bramley. Despite the enormous strides that have been made in addressing domestic violence within society generally and in a range of agencies specifically in recent decades, it can still be viewed as shameful and / or only experienced by particular sections of the community and is often avoided as a topic of discussion, thus contributing to the silencing of those concerned with the issue. Women who experience such violence internalise feelings of shame and self blame as well feeling silenced. The evaluators felt it was a possibility that what was happening in Sure Start Bramley mirrored wider societal perceptions of and constructions about domestic violence.
147. An important consequence of current service provision is that some workers in SSB became specifically identified with work on domestic violence. In itself this is quite a usual practice, but in the context of the discussion above this may impact negatively upon those undertaking domestic violence work.
148. This part of the evaluation has concentrated on reviewing the functioning of the group and the interface between services in Sure Start Bramley. As indicated, the group facilitators did raise wider issues about the resourcing of domestic violence work more generally in the area as well as their concern that a group response was not always required. Both these issues require further discussion in Sure Start Bramley in terms of looking both at internal working practices and provision more widely

Evaluation of work on domestic violence more generally in Sure Start Bramley

Statistics

149. A review of Sure Start Bramley files, separate from the File Review already described, was undertaken in March 2004 to explore the prevalence of domestic violence. Out of two hundred and six (206) files, domestic violence was the initial reason for referral in forty-two (42) cases; and was a secondary reason for referral in seventeen (17) other cases. Fifty-seven (57) families were being worked with at that

time by the Outreach Team: in twenty (20) of these cases domestic violence was the initial reason for referral; in a further three cases it was a secondary reason.

150. This file review only covered the case work of the Outreach Team and did not include group work. Initial telephone enquiries are not recorded on files, and a number of these routinely involve inquiries in relation to resources and support for women experiencing domestic violence. Thus the above figures may underestimate levels of domestic violence work being carried out.
151. A key point is that out of 206 referrals, domestic violence was a reason for referral in 59, in other words, 28.6% which is over a quarter. National prevalence figures vary, although there is some agreement that one in four women experience domestic violence. The figure for Sure Start Bramley is slightly higher than the national figure. As indicated above these statistics are important because they do not support the assumption that domestic violence underlies all the difficulties experienced by parents, but they do reinforce the point that it is a significant issue.

Partnership working and promotion work

152. An inter-agency advisory group has been set up which is a strategy group and part of the community safety strategy developed by Fairfield Inter Agency group. This inter-agency advisory group includes those involved in work around domestic violence issues in the area; the police domestic violence co-ordinators, Leeds Women's Aid, the Help, Advice and Law Team (HALT) and housing advice workers. The former Programme Manager (PM1) chaired this meeting and it is attended by OR3 (the women's group facilitator). Quarterly meetings are held and minutes of these meetings plus discussions with workers would indicate the following:
- the police domestic violence co-ordinators report significantly increased levels of referrals from the largest council estate in the SSB area;
 - the rehousing process has improved as a result of the links with the housing advice workers;
 - partner agencies are able to give ongoing feedback on services provided;

- Sure Start staff are kept up to date with changes and resource issues in the partner agencies.
153. In terms of wider promotion and partnership working, regional Sure Start have used the Sure Start Bramley group as a model of good practice. Advice has been solicited and given to other Sure Start programmes seeking to set up groups. PM1 contributed to a Leeds wide conference on domestic violence and community safety issues, by providing a key note presentation and running a workshop.
154. These activities are located within the aims set out in the Delivery Plan 2002 of providing training for local workers on the issues. It is also clear that the inter-agency partnership work has contributed to more coherent planning and support for local workers. But it did become apparent that staffing changes and shortages in other agencies have impacted upon the services available to particular women at particular points.

(ii) Work with fathers

155. The Delivery Plan 2002 also indicated that work with men would be developed in relation to domestic violence issues. A male outreach worker took up post in September 2003. The brief of the worker was to work as a member of the outreach team and develop services for fathers and male carers. A literature review entitled *What Works with Fathers?* had been completed. This literature review (which was included in the Evaluation Report for Year 2) concluded that work with men around domestic violence issues raised very complex issues in relation to safety and inter-agency co-ordination. It was recommended that a first step might be to start work with men more generally on parenting issues including their use of discipline and their anger.
156. As part of this evaluation the male outreach worker was interviewed about how the work with fathers and male carers was progressing. The findings were in line with more general findings from the literature which suggest that this work requires a great deal of persistence and can take some time to develop (Lloyd, 2001). It was very encouraging, however, that a range of very specific initiatives had already happened or were about to happen. These were: individual work with specific fathers, a five a side football team (which had fifteen fathers already expressing interest), a Dads and Tots group, and a parenting skills group for fathers.

157. There are a range of possibilities for the future including work with the male partners of women with post natal depression, and changing patterns of service provision in order to undertake evening and weekend initiatives. Issues for men who have contact with children at weekends are also being considered. An important development has been the emergence of a network of Project Workers undertaking work with fathers and male carers in a range of projects in Leeds more widely, and beyond, which has provided opportunities for ideas to be shared, and for support and the pooling of resources.
158. In relation to work with violent men, an anger management course was being considered by the Outreach Worker, and another local programme had already started work on this. If work with violent men is to be progressed more generally in line with the aim set out in the Delivery Plan 2002, it would need to be located within an inter-agency framework and it would require the development of a clear strategy with support systems. It is recommended below that an inter-agency seminar be organised as a first step to plan this work. It is also recommended that advice be sought from those already doing such work in the community. Fathers Direct (www.fathersdirect.co.uk) would be able to advice on such resources.

(iii) Post Natal Depression

159. The provision in relation to post natal depression in Sure Start Bramley has been evaluated fairly extensively by the evaluators in previous years and by other evaluators based at the University of Leeds. This section documents the results of a very limited exercise focusing on how post natal depression was being understood and worked with. As indicated, at the beginning of this chapter, PM1 had indicated she would welcome a discussion on these issues. This links in with a debate which is emerging more generally among health professionals. For example Hehir (The Guardian, May 31, 2004) has questioned the increased use of the term "*post natal depression*", arguing that it signals the problematising of parents and their relationships with children rather than being a "new" and "real" problem. She argues that the Edinburgh Postnatal Depression Scale, which is the main diagnostic tool used to identify post natal depression, pathologises what should be seen as perfectly normal adjustments to change on the part of parents when a baby is born.. There has also been an associated and unwelcome change in health professionals' practice in her view.. '*Our preoccupation with parents' mental health problems*

means... that minor problems relating to children's emotions, behaviour and sleep- once the bread and-butter issues for health visitors- are no longer being addressed directly with parents'. Consequently, practical help is less available.

160. Other writers have questioned the idealisation of motherhood in our society which can make it difficult for mothers to express negative feelings towards their children, or negative feelings about becoming a mother (Parker, 1995, 1997). However, Parker argues that her therapeutic work has revealed that such negative feelings are widespread and, if managed properly, can contribute to the positive development of mother- child relationships. Too often they are seen as problematic, however.
161. This evaluation did attempt to address such issues with workers. The model used in Sure Start Bramley to address post natal depression was characterised as a social support model rather than a medical model, although aspects of the medical model were seen as valuable.
162. Given that there had already been considerable evaluation of the post natal depression provision, it was felt inappropriate to follow up the possibility of the evaluator interviewing mothers themselves about the meanings motherhood and depression carried for them. Such explorations with mothers can help to move beyond checklists of symptoms and professional diagnoses to an appreciation of the complexity of the emotions which motherhood can evoke for individual women. This could be helpful in moving provision onwards and advancing discussions within Sure Start generally about post natal depression. It may be that this might be seen as useful to undertake in next year's evaluation with women who have not been involved in so many evaluation exercises.
163. Finally, as indicated above, the evaluator found that there was not always an awareness of the links between maternal depression and issues such as violence and childhood sexual abuse and the implications for children. More consideration needs to be given to supporting children whose mothers experience post-natal depression.

(iv) Counselling Provision

164. This section is based on a number of interviews with CC. There was no attempt to evaluate the work being done although the evaluator did ascertain that monitoring figures are kept in relation to numbers of referrals, where referrals come from, take up of services and retention. An evaluation of the work may be a possibility in the future but clearly the views of service users would be central in order to do a thorough evaluation. It was not felt that there was sufficient time to seek such views in an appropriately sensitive way, given the complex nature of the issues being faced by those using the Counselling Service.
165. The aim of the evaluation was to ascertain from CC the kinds of issues emerging in the counselling sessions, and to explore how the counselling role operated in a community setting, in line with the remit for the evaluation set out at the beginning of this chapter.
166. CC is a qualified counsellor with a background of working in child protection and domestic violence issues within the police force, as well as offering training and consultancies to a range of organisations nationally and internationally. The service level agreement with CC specifies that five sessions of counselling a day are offered, two days a week. There is another counsellor (CC2) who offers specific input on trauma.
167. The counsellor's role is to work with individual parents, primarily mothers and couples. Her work is adult focused. CC's experience is that considerable numbers of women in counselling are living with high levels of previous and present abuse and often live in fear in violent communities. Debt problems are a serious issue. Emotional difficulties figure largely for women when in relationships with men, and loneliness can be a feature when not in relationships with men. Many mothers felt deeply inadequate about being good mothers in the absence of being parented well themselves.
168. The issues raised by women within counselling sessions have led CC to ask whether Sure Start Bramley is a *children's agency*, a *family agency* or a *parents' agency*? For example, issues raised in counselling sessions by mothers who have caused them concerns about the implications for the welfare and safety of their children. For the evaluator this linked with the concerns which emerged in the previous section about

the lack of provision for dealing with the implications for children of living in violent / abusive households.

169. A further issue which emerged from the counselling was how often women were dealing with a considerable number of professionals visiting their homes and/or offering appointments to deal with the complexity of the issues in their lives. The purposes and aims of such endeavours were not always apparent and could contribute to feelings of overload/frustration. There seemed to be a lack of strategic management on some cases with no lead professional pulling things together.
170. It also became apparent in the course of discussion that CC's background in child protection and domestic violence work in the police was being seen as a resource by workers, and involved her in moving beyond the role boundaries that might normally attach to a counsellor. This may reflect the lack of a social worker with a child welfare/protection background in Sure Start Bramley. Her expertise was clearly valued by other colleagues as discussions with the evaluator demonstrated. She herself expressed an awareness that she was operating in a different manner compared to situations where she worked as an independent counsellor.

Recommendations

171. All groups run by Sure Start Bramley should have equivalent status and they should broadly share the same transparent referral, structure and review processes. These should be owned by all staff working for Sure Start Bramley.
- (i) To aid ownership of the issues which Sure Start Bramley deals with in groups such as post natal depression and domestic violence, rotation of workers between groups should be considered.
 - (ii) Training on research around the links between child abuse, domestic violence, depression, and parenting difficulties should ensure that the interconnected nature of parents' difficulties are understood and that appropriate services are developed.

- (iii) Consideration could be given to developing a strand of evaluation in Year 4 which explores with mothers themselves what they understand by depression in the context of the transition to motherhood
- (iv) The impacts upon children of issues such as domestic violence and post natal depression need to be addressed and provision should have both a child focus as well as an adult focus. This could be done by developing groups for children which incorporate the crèche facilities already provided for service users attending groups.
- (v) If work with violent men is to be developed this should be done within an inter-agency framework and a seminar should be organised to plan this. Support should be sought from Project Workers with experience in this area.

(v) *Speech and Language Service*

172. A review of the part-time Speech and Language service provided by the Primary Care Trust to Sure Start Bramley was requested as part of the current year's evaluation by the Programme Manager (PM1). This section is based on information obtained from interviewing Sure Start's part-time Speech and Language Therapist, and on information provided by the Health Service Speech and Language Therapist based in Bramley Clinic. Feedback data from parents who attended birthday party events for two-year olds in Bramley Library is included. Satisfaction data about the service is taken from the User Satisfaction Survey, and obtained in the autumn of 2003, already described. Information contained in the two case examples is based on visits made jointly by one of the evaluators and members of the Outreach Team. Other data were collected between January and April 2004.

Satisfaction Levels

173. Satisfaction levels for Speech Therapist services are described in the User Satisfaction Survey, p31 as follows:

Table 15
Speech Therapist Service - Satisfaction Levels

| Services | very satisfied  | Satisfied  | Dissatisfied  | Very dissatisfied  | Not used services |
|-------------------------|--|---|---|---|--------------------------|
| Speech Therapist | 17 | 7 | 1 | 1 | 99 |

174. Numbers of respondents who had used the Speech Therapist service were small compared with numbers using general Health services, such as midwives or health visitors. Twenty-four (24) out of twenty-six (26) respondents were *satisfied* with the service provided and more than two-thirds of respondents were *very satisfied*. The proportion of *very satisfied* respondents was the highest for the range of services included in the survey.
175. A relevant finding in the User Satisfaction Survey was that more than half the respondents said that they read to their child *every day* and nearly three-quarters said that they did so *every day* or *every other day*. Just over a quarter of respondents said that they read to their child *weekly* or *less often*. Information obtained from the User Satisfaction Survey indicated that the smaller number of respondents with children with special / additional needs read to their children at least as often as other respondents.

Health Service Provision

176. Two part-time Speech Therapists are based at Bramley Health Clinic three days per week. One of them also provided a Speech and Language service to schools in Bramley and Armley, with additional input to some Bramley Schools from a senior hospital-based Speech Therapist. The area covered includes Bramley, Farsley, Stanningley, Rodley and Armley.
177. She estimated that about two-thirds of the children seen by the service were under five. The highest number of children seen were aged three / four, an age at which parents become aware of speech problems as children start to socialise in pre-school and nursery provision. Children are referred from eighteen months onwards and an increase in the number of two-year olds being seen had been noted. The oldest children being supported by the service were aged ten / eleven.

178. Traditionally, the Speech and Language Service sees boys and girls on a ratio of 3:1. Reasons for referral include parents' concerns about speech delay, or unintelligible speech. Delay is the most common factor. For younger children, the Speech and Language Service concentrates on parental management, with more direct input for older children. The service has access to a Nursery Nurse able to undertake home visits under the supervision of the Speech and Language Service, especially for very young children. Families are usually offered a block of six clinic-based sessions. Referrals can be made by the service to the Child Development Centre, Belmont House at Leeds General Infirmary, and to local paediatricians. The service provided is clinic-based and does not usually have sufficient resources to provide home visits.
179. The part-time Speech Therapist commented that speech and language problems seemed to correlate with other factors, for example dyspraxia, low levels of social interaction and lower levels of literary skills. Speech and language problems could correlate with socio-economic background, although this did not explain why some children in larger families experience speech delay while others do not. Speech and language problems often appeared to have hereditary links. Parents involved with the service offer varied responses about reading to children. Speech and language problems are likely to be linked to lack of stimulation at home, which can include small children being exposed to too much television.
180. The part-time Speech Therapist was aware that the Sure Start Speech Therapist was able to provide a home visiting service for children under four, and to operate on a more preventative basis. The Clinic service was more likely to be reactive, and take-up of the service at the Clinic could be problematic.

Sure Start's Speech and Language Therapist (SSSLT)

181. The Sure Start Speech and Language Therapist is funded by Sure Start to work for them on one day each week. The SSSLT started work early in 2001. The rest of her time is spent providing a speech and language service to a large number of Primary Schools and High Schools in the North Leeds area. She was appointed just as Sure Start Bramley was being set up early in 2001.
182. The SSSLT has provided a service for children aged up to four, including a follow-up of families who did not keep Clinic-based appointments. The SSSLT has targeted

work with hard-to-reach families, including some children on the Child Protection Register, with the aim of increasing parents' awareness of the importance of speech and language and helping parents access existing groups (Parents and Toddlers, Parenting Groups and Pre-School provision). The SSSLT has liaised with the Outreach Team and the Play Development Workers to develop a Play Bag scheme which provides a selection of toys matched with children's developmental age and supported by Outreach Team visits.

183. Visits made by the SSSLT in the year which ended in March 2004 are summarised below:

Table 16
Visits made by the Sure Start Speech and Language Therapist

| Age of Children | Number of Visits |
|------------------------|-------------------------|
| Up to 1 year | 6 |
| Between 1 and 2 | 9 |
| Between 2 and 3 | 12 |
| Between 3 and 4 | 5 |

184. The theoretical basis for the SSSLT's work was based partly on research (see Ward S. "*Baby Talk*" which found that young children were not able to distinguish between foreground and background noise; the research highlighted the benefits of parents spending ten minutes each day talking to their baby. The SSSLT emphasised the importance of intervention with children between twelve months and two years to deal with speech delay problems. Much of the SSSLT's work involves positively promoting the role of parents in developing children's play and talk. Improving parenting skills in Sure Start should mean that the next generation of two-year olds will have better speech and language life chances. The Department for Education is now producing Foundation Stage Profiles which will include assessment of children's speech and language skills.

Development Work

185. The SSSLT's development work had included providing training for Outreach staff. She also planned to be available at the Sure Start Drop-in Centre in the shopping precinct on a fortnightly basis. The SSSLT had also provided group work sessions for three groups of six children at the Reception Centre in Bramley for refugee families over a period of several months.

186. The SSSLT had been involved in organising birthday party events for two-year olds with the Outreach Team in the local library. These events had been positively noted in the Year 1 Evaluation Report. Their aim was to promote awareness by parents of the services provided at the library for very young children, and awareness of the contribution of the Speech and Language survey. The SSSLT had completed a small survey of thirteen parents who had attended recent birthday party events. All the parents enjoyed the events; all of them replied *yes* when asked whether spending a little time each day playing and talking to their two-year old was important. All of them responded *yes* when asked whether switching off the television when playing, singing or looking at books together (with their two-year old) was important. Twelve out of the thirteen parents said that the party had made them more aware of the importance of talking about play and books with their two-year old to help their speech development.
187. Only two of the parents said that their two-year old had books from the library. Ten of them said that their two-year old would now be joining the library. Half of them knew that the library had a good selection of books for children from birth onwards; only four of the parents knew that there were no fines on children's books. Half (6) of the parents knew that Sure Start Bramley had a Speech and Language therapist who could advise parents on helping with speech development; the other half (7) did not know this.
188. The SSSLT's view was that the approach taken to children's needs in the Sure Start part of her job was more holistic than when she was operating as a Speech Therapist in the rest of the week. The SSSLT obtained support from Sure Start Bramley. She put a premium on the training role she had been able to develop for the Outreach Team staff and these staff had played an important role in developing initiatives including the Play Bags and the Birthday Parties schemes.

Case Example D

This family comprised a mother, living with a daughter aged three and a son aged nineteen months, who had been supported by the Outreach Team since her son was born. M had experienced serious problems herself. Her home was exceptionally clean and tidy. M had been concerned that her daughter was not talking when she was nearly two. The Outreach Team Worker had provided long-term support, and had recently successfully argued for the three-year old to start nursery early. M's view was that Sure Start had

helped her make contact with people outside the house and to meet other mothers. She said:

If there was no Sure Start where would you take the children?

The Outreach Team Worker had referred the family to the SSSLT who had visited once a week for a long period, using play and books to help the child recognise words. M was very keen on books and read to her children at least once a day. The SSSLT was still visiting frequently and the three-year old's speech was developing well.

M knew that the SSSLT had children herself and had asked her for guidance on many aspects of parenting: *I can ask her anything, e.g. about potty training and sleepless nights. If (name of SSSLT) hadn't come when she did, I would have needed professional help by now with (name of three-year old daughter). (The SSSLT) teaches through play. My daughter is doing brilliantly now. She has got a better vocabulary and (name of SSSLT) is starting to teach her sentences. The SSSLT understands everything and really gets down to (name of daughter)'s level.*

Case Example E

This mother lived on a large Council estate in Bramley with her husband and three children, a daughter aged three and twins aged two and a half. The Outreach Team had provided support for the family and had involved the SSSLT as the older child's speech was delayed. M had appreciated Sure Start's help. She had had a Home Start visitor, and had attended the Sure Start Women's Group and had accessed the Sure Start Counselling Service. After experiencing being helped herself, M was now planning to train as a counsellor. M said that Sure Start had been able to provide advice on any subject from Housing to Counselling. M acknowledged that she had been able to access support from a wide variety of agencies, and had developed a network of support with other mothers.

M had been worried about her older daughter's speech delay as she herself had had a speech impediment as a child. The SSSLT had visited very frequently for quite a long period and had stimulated the three-year old's interest in books. The SSSLT's assessment was that the three-year old did not have a speech disorder. Her speech had started to improve although she was shy and still quiet now that she was attending Nursery. M described the SSSLT as *very attentive. (Her daughter) had her own little time with a different person - often she could get left out because people were drawn to the twins.* The SSSLT worked with all three children and provided advice on toys, using the Toy Bag Scheme for example a rainbow toy which taught children about colours and sounds and kept them occupied for hours. The SSSLT helped M understand how to stimulate children and also provided sound advice on behaviour problems.

The SSSLT was no longer visiting, but M was making positive use of the Toy Library.

Comment

In both these case examples support from the SSSLT was carefully co-ordinated with support provided by the Outreach Team.

Conclusion

189. The Speech and Language Service provided in Bramley is appreciated by service users. The SSSLT's service is well co-ordinated with the Clinic-based service and very good relationships have been developed with Sure Start Bramley and the local library service. In the one day a week available the SSSLT has provided a valuable home visiting service for children under four which is well integrated with other family support services provided by Sure Start Bramley (both the Outreach Team and the Play Development Workers). Development work has been undertaken with refugee families and promotional activity has helped to raise the profile of the Speech and Language Service.

Recommendation

190. This evaluation of the Speech and Language Service should be used to establish targets for the next stage of its development, including a Training Plan involving Sure Start staff. The possibility of allocating additional funds for the service should be explored.

7 Cost Effectiveness

This section reviews available evidence about costs of home visits in Sure Start programmes. Evidence is collated about costs of home visits and contacts in Sure Start Bramley. Costs are also included for Bramley Family Support Service and for the costs per visit by Home Start in the Sure Start Bramley area.

Background

191. The National Evaluation of Sure Start (NESS) requires that each programme commissions work on Cost Benefit Analysis by local evaluators or other organisations. NESS requires that local programmes focus their cost benefit work on a substantial element of the service which they provide. A preliminary exercise on *Value for Money* in Sure Start Bramley was included in the Year 2 Evaluation Report, described above. The Programme Manager (PM1) requested that work on Cost Benefit Analysis should be included in the Year 3 Evaluation Programme.

192. It was decided that work on Cost Benefit Analysis should focus on costs of home visits and other contacts with service users. These activities constituted a substantial part of the work of the Outreach Team, the largest element of Sure Start Bramley involved in direct work with families. Another reason for selecting this area of work was that Sure Start nationally had produced guidance on costs of home visits. One member of the evaluation team worked on this with the Programme Administrator and with Sure Start Bramley's accountant, who is also a member of the Partnership Board. It was decided to programme this activity for April / May 2004, so that data for the financial year ending in March 2004 could be included. Sure Start Bramley had access to data about costs of services provided by Bramley Family Support (a local voluntary organisation run by Spurgeon's Children's Charity, which had been evaluated in Year 2); and also access to data about the costs of home visits provided by Home-Start UK in the Bramley Sure Start area. It was decided to include information about these two services in the analysis undertaken.

General Approach

193. Cost Benefit Analysis was a new area of work for Sure Start Bramley and also for the evaluation team. It was decided that an exploratory approach would be appropriate, looking for general indicators about costs of services, making comparisons with other programmes where possible, and identifying areas where improvements could be made, for example in record-keeping, to assist with future work in this area. The work involved was described as a first essay in Cost Benefit Analysis rather than a definitive exercise.
194. Work undertaken followed guidance provided by NESS, particularly *Guidance for Sure Start Local Evaluators on...Cost Effectiveness at a local level (Meadows. P. 2001)* and in the NESS publication entitled *Cost Effectiveness Evaluation Methodological Report (2001)*. The Guidance requires that the unit of service identified for analysis is clearly defined; and that all costs involved in producing the service, including hidden costs, are included in calculations. It was also decided to attempt to explore the concept of *benefits* from services provided, if only at a preliminary level.

NESS Guidance on Home Visiting Costs

195. Meadows (2001) provides the following example of the costs of home visiting services provided by Health Visitors.

| Example 1: Home Visiting | |
|---|--------------------|
| Salary cost of home visitor | £10,000 |
| National Insurance and superannuation | 2,500 |
| 1/8 share of cost of supervising health visitor | 3,230 ^① |
| 1/25 cost of office support staff | 1,000 ^② |
| 1/25 share of office rent (notional or actual) | 560 |
| 1/25 share of office cleaning, lighting, heating etc. | 144 |
| Overhead costs (central services, telephone, Stationery etc. and Sure Start management) | 1,250 ^③ |
| Total costs per home visitor | £18,684 |
| Number of weeks worked per year (excluding holidays, Sick leave and training) | 42 |
| Average number of visits achieved per working week | 15 |
| Number of visits achieved per working year | 630 |

| | |
|---|---------------|
| Staff and related costs per visit | 29.66 |
| Travel costs per visit | 2.00 |
| Average cost per achieved visit | £31.66 |
| Notes: | |
| ① This is based on one health visitor supervising 8 home visitors | |
| ② This is based on a receptionist and clerical assistant with a total cost of £25,000 servicing an office with two teams of 8 home visitors and 9 health visitors) | |
| ③ This is based on 10 per cent of salary and related costs | |
| ④ Although home visitors will undertake other tasks (eg attend team meetings, work with groups of parents etc, these are ancillary to their main purpose). If they did not undertake home visits they would not be employed and would not therefore be doing these other tasks. | |

196. This is one of the most accessible models available and shows the kinds of hidden costs which need to be included. The calculation is achieved by dividing total costs per home visitor by the number of visits achieved per working year. This model produces an average cost per achieved visit of **£31.66**. Meadows states that the example is based on visits of around two hours each. This can be compared with typical visits by a Health Visitor lasting between half an hour and an hour. Health Visitors' salary costs are higher than those quoted in the above example, so that a typical Health Visitor home visit might cost an average **£25 - £30** at 2000 price levels.
197. Although some local Sure Start programmes have identified home visiting services with costs in this range, it is likely that average costs are considerably higher, in a range of **£30 - £60**, or even higher. Even if the model is varied to assume shorter visits, it may be unrealistic to assume that the number of visits can be increased accordingly, given the high proportion of development, liaison and administrative work required for each family supported.
198. The main problem with the example quoted above is that the salary of **£10,000** (roughly equivalent to £6 per hour) seems much too low and at today's prices a salary of **£20,000** plus 18% on costs i.e. **£23,600** appears more realistic (equivalent to an unqualified Social Worker scale). Assuming other costs remained constant, total costs for the home visiting service on this model would be **£29,784**, providing an average cost per visit (assuming the number of visits stayed constant at **fifteen** per week) of **£49.28** (including travel).

Examples from other Sure Start programmes

199. A large number of Home Start programmes (including Sure Start Bramley) now place their evaluation reports on the Sure Start website. These have been trawled, and

four programmes have so far been found which refer to unit costs of home visits. **Barton, Treadworth and White City Sure Start** in Gloucester has produced a detailed report and had identified unit costs per visit in a range from **£11.23** (Learning Support Workers); **£20.73** (Involvement Workers); **£25.00** (Home Safety Check Scheme); and **£36.26** (Child Counsellor). These costs were compared with statutory services unit costs per visit including Social Worker: **£22.00**; Health Visitor: **£30.00**; Home Care Service: **£40.00**; and Consultant Psychiatrist: **£260**.

200. **Newcastle North East Sure Start** (Interim Report 5) identifies an average cost per visit (including preparatory and follow-up work) of **£159.49** based on a salary cost of **£28,484**, total costs of **£34,450.50** and two hundred and sixteen (216) visits. **Sure Start Weir Valley** (Year 2 Evaluation Report) found that the average cost per home visit was **£42.00**; the report does not include the basis for this calculation. The **Sure Start Thornhill** (Year 2 Evaluation Report) included calculation of costs of visits (their definition included all contacts with service users) of approximately **£60.00**.

Note

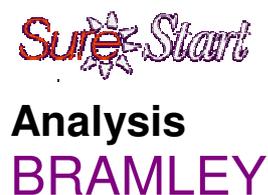
201. The above examples provide a wide range of average costs per visit. Salary costs and number of visits achieved are important differentials.

Unit Costs in Sure Start Bramley

202. The Cost Benefit exercise in Bramley focused initially on costs of *home visits*, but as the exercise developed it proved more appropriate to focus on costs of *contacts* with service users. No guidance was available from Sure Start nationally or regionally about a standard definition of a home visit. The evaluator noted that Thornhill Sure Start had defined a visit as *an individual who either accesses services in one of the Sure Start Centres, or who is visited in their home by a Sure Start Worker*. Each time an individual (child or parent) accesses a service it is considered a visit. Following discussion with the Deputy Programme Manager and the Outreach Team it was agreed that the Sure Start Bramley definition should include *home visits; telephone contact with included a substantial element of assessment or support; and contact with the service user in a group work or similar setting which contributed to their support*. However, while this guidance was generally followed, it has proved difficult to distinguish from the records available between different types of contact.

203. Contact levels vary throughout the year. The highest number of contacts with both children and parents have been in August during summer holiday programmes. (294 contacts with children in August 2003 and 283 contacts with parents in the same month). Contact levels have been lower when fewer programmes have been offered (for example, March 04 when there were 87 contacts with children and 64 contacts with parents). In order to calculate the unit costs of each contact the Programme Administrator reckoned in salaries; on costs including National Insurance and superannuation; and a proportion (five/twelfths) of management costs, and the same proportion of administration, finance, building and running costs. The SSB accountant advised that total additional costs should equate to 19% of the salaries and on costs of the Outreach Team (20% is the maximum allowable for administration costs by Sure Start nationally). The two different calculations produced very similar results.
204. Results of the Cost Benefit Analysis for Sure Start Bramley, Bramley Family Support and Home Start are in the Cost Benefit Analysis Tables, **Tables 13** and **14** below on pages 65 and 66:

Table 13
Cost Benefit Analysis - Sure Start Bramley



Cost Benefit

Sure Start Bramley

Year 2002/03

| | |
|-----------------------|------|
| No. of Children seen: | 1588 |
| No. of Parents seen: | 1519 |
| Total | 3107 |

Budget

| | |
|------------------------|----------|
| Outreach/home-visiting | £156,500 |
| Management costs - 20% | £ 31,300 |
| Total: | £187,800 |

Cost per contact

£60.44

Actual

| | |
|------------------------|----------|
| Outreach/home-visiting | £153,600 |
| Management costs - 20% | £ 30,720 |
| Total: | £184,320 |

£59.32

Year 2003/04

| | |
|-----------------------|------|
| No. of children seen: | 1728 |
| No. of parents seen: | 1477 |
| Total: | 3205 |

Budget

| | |
|------------------------|----------|
| Outreach/home-visiting | £168,500 |
| Management costs - 20% | £ 33,700 |
| Total: | £202,200 |

£63.08

Actual

| | |
|------------------------|----------|
| Outreach/home-visiting | £168,413 |
| Management costs - 20% | £ 33,682 |
| Total: | £202,095 |

£63.06

Table 14
Cost Benefit Analysis - Bramley Family Support



Bramley Family Support

Year 2002/03

No. of children seen: 1480
No. of parents seen: 1268
Total: 2748

| | | Cost per contact |
|---------------|----------|-------------------------|
| Budget | £127,087 | £46.24 |
| Actual | £131,000 | £47.67 |

Year 2003/04

No. of children seen: 1066
No. of parents seen: 825
Total: 1891

| | | |
|---------------|----------|--------|
| Budget | £132,000 | £69.80 |
| Actual | £131,000 | £69.27 |

Home-Start

Year 2002/03

No. of children seen: 173
No. of parents seen: 142
Total: 315

| | | |
|---------------|----------|--------|
| Budget | £ 24,330 | £77.23 |
| Actual | £ 22,282 | £70.73 |

Year 2003/04

No. of children seen: 176
No. of parents seen: 150
Total: 326

| | | |
|---------------|----------|--------|
| Budget | £ 25,000 | £76.68 |
| Actual | £ 24,400 | £74.85 |

205. Tables 13 and 14 were both produced by the Sure Start Programme Administrator. For all three services two costs per contact are provided: one is based on the sums allowed in the budget; and one is based on actual costs. Differences between *Budget* and *Actual* costs are small. Costs for Bramley Family Support and Home Start include on costs and administration costs on the same basis as Sure Start Bramley.

Comment

Sure Start Bramley

206. The total number of children and parents seen in 2003 / 04 was slightly higher than in 2002 / 03. The budget for 2003 / 04 was increased by 2½% over the 2002 / 03 budget to cover increased salary costs and inflation. This accounts for the difference between *Budget* and *Actual* costs between the two years.
207. Costs per *contact* are within the range of costs produced for other Sure Start programmes. Nonetheless, it is clearly important for staff to be aware of the financial costs of each contact which they initiate or organise. Future analysis could aim to distinguish between costs of different types of contact, for example home visits or attendance at groups.

Bramley Family Support

208. All the services provided by Bramley Family Support (BFS) involve Group Programmes for young children / parents. Unit costs are likely to be lower for Group Programmes than for programmes involving one-to-one support or home visits. Bramley Family Support costs were lower than the other two services in 2002 / 03. BFS's unit costs were considerably higher in 2003 / 04 than in the previous year. BFS is part funded by Sure Start Bramley and contact between the two services is regulated through a Service Level Agreement. All changes in the levels of service provided by BFS are discussed regularly with Sure Start Bramley.
209. Numbers of children and parents seen at BFS were substantially lower in 2003 / 04 than in the previous year. The Deputy Manager at BFS said that the explanation for this was that numbers attending the BFS Toddlers' Session had previously been between twenty and thirty and had now reduced to between ten and twenty. The

main reason for this has been the expansion of local provision, including services provided by Sure Start. BFS has planned to increase its service levels in other areas. For example, numbers of children attending the BFS creche (for children aged six months to school age) have increased recently, and this is likely to show through in figures for 2004 / 05.

210. Numbers of children attending BFS Pre-School sessions have increased. Registration for this session has been raised from twenty children to twenty-four. Attendances were previously 12 - 15, and are now around 20 or higher.
211. BFS anticipates that unit costs will be lower for 2004 / 05 than in 2003 / 04.

Home Start

212. Home-Start UK has been contracted to provide a discrete service for families in the Sure Start Bramley area for the past three years. Home Start trains volunteers to standards prescribed by Home-Start UK to provide supportive visits to families with children under five. Home Start has the potential to provide a more intensive Family Visiting Service than other agencies, including the Outreach Team.
213. Numbers of children seen were very similar for 2002 / 03 and for 2003 / 04. Home Start's costs per contact are higher than for Sure Start Bramley or for Bramley Family Support. Salary costs are much lower than for the other two services as Home Start volunteers are paid only expenses. Home Start's training costs are fairly high. The main reason for Home Start's higher costs per contact is the much lower number of children and parents seen. Home Start provides a smaller scale service mainly through home visits. The average length of visits is between one and two hours, longer than average visits by the Outreach Team. The Service Level Agreement between Home Start and Bramley Sure Start has been regularly reviewed and Sure Start Bramley has expressed satisfaction with the level of service provided.
214. The Leeds Home Start Manager has explained that the number of families supported by Home Start varies dependant on the number of trained volunteers available. At its highest point, Home Start was regularly visiting twenty-one families in the Sure Start Bramley area. The number had reduced to approximately ten by April 2004, and was expected to rise as a further group of nine Bramley volunteers was currently being trained. Fluctuations in unit costs were to be expected.

Benefits

215. Work on Cost Benefit Analysis frequently relies on benchmarking to find out how service costs compare with comparable costs in other areas or for other services. Where benefits are described, a comparison is sometimes made between the costs of preventative work, such as home visits, and the higher costs incurred following family breakdown which may result in children being accommodated by a local authority. Reference is also made to avoiding the costs of children and young people becoming involved in the Criminal Justice System.
216. The three case examples of families supported by the Outreach Team, described earlier in this report, provide indications of the kinds of benefits experienced by families. In Case A an initially isolated and somewhat depressed mother was helped to establish her own support networks in the local community, and after a few months was actively looking for work. The need for more costly services to be involved was avoided and the family was making good progress towards economic independence. In Case B long-term support from the Outreach Team enabled the family unit to stay together and a series of family crises were averted. In Case C there was a serious danger that the family would disintegrate and the children could have needed local authority care. Although a number of agencies were involved, sustained support from the Outreach Team Worker helped to avoid family breakdown; improved health care for both mother and children was organised, with potential savings to National Health Service costs later on. Although it is hard to quantify cost savings, it can be argued that the value of benefits received by these three families considerably exceeded the resources invested by Outreach Team members.
217. The File Review in this report and the User Satisfaction Survey recently produced for Sure Start Bramley provide further evidence about effective problem solving, and about high levels of user satisfaction which have produced or reflect tangible benefits from work undertaken by Sure Start Bramley for the local community.
218. The evaluation of Bramley Family Support carried out by a Parent Researcher for the NCRC in Year 2 contained much evidence of user satisfaction (both parents and children) with the services provided. A number of evaluations of Home Start programmes have been carried out and these have consistently demonstrated the high level of appreciation of service users for volunteer support.

Conclusion

219. This first essay in Cost Benefit Analysis in Sure Start Bramley has provided some useful comparative information between services provided by the Outreach Team and by two voluntary sector partner agencies. Costs per contact at somewhat over £60 appear comparable with the costs of other Sure Start programmes, although relatively few have published findings on Cost Benefit Analysis so far. The analysis highlights that each *contact* has a cost and has the potential to produce benefits. The Outreach Team represents a scarce resource. Its work needs to be carefully targeted (the File Review indicates that this is generally the case) and reviewed, so that work is not carried on longer than necessary.

The exercise has focused attention on ensuring that records of contacts with service users are clearly recorded as soon after the contact with the child or parent as possible. (Some delays in data submission were noted in the period leading up to the Cost Benefit exercise; and some data was submitted after a lengthy time interval).

220. Perhaps the most important lesson has been to focus attention on different elements of support provided to families and different methods used. For the future, it will be helpful to differentiate between data submissions recording individual support to parents and children and support provided through group programmes. This would enable differential unit costs to be established between, for example home visits, parents' support groups and activities for young children.
221. Following work undertaken this year, consideration could be given to giving more attention in future Cost Benefit exercises to the benefits experienced by service users, in the context of other Sure Start research.

Recommendations

222.

- Sure Start Bramley should consider the implications of the Cost Benefit Analysis undertaken so far, including the implications for record keeping and data submission; and should decide whether to commission further cost effectiveness research.

- The local evaluators should continue to inform Sure Start Bramley about work on Cost Benefit Analysis undertaken nationally or by other Sure Start programmes.

8 The Next Phase for Sure Start Bramley

This chapter explores Children's Centres; information gathering and Management issues in Sure Start Bramley. The data is largely, but not exclusively, based on interviews with PM1, the Deputy Programme Manager and the Administration Manager.

Children's Centres

223. The next period will see the further extension of Sure Start nationally and locally with the development of Children's Centres. The Start up guidance for Children's Centres (DFES, August, 2003) outlines the principles which should underpin the work of centres, the Public Service Agreement and the roles and responsibilities of such centres. The main points are summarised here.
224. Local authorities have been given strategic responsibility for the development of Children's Centres. The Public Service Agreement agreed with the Treasury means the following targets must be met:
- an increase in the proportion of young children meeting Early Learning Goals for personal, social and emotional development;
 - a 6 percent reduction in the proportion of mothers who continue to smoke during pregnancy;
 - an increase in the proportion of young children with satisfactory speech and language development at age two years and in children reaching early learning goals for communication, language and literacy;
 - a 12 percent reduction in the proportion of young children living in households where no one is working.
225. Sure Start funded children's centres must be located in, and service families in, one of the 20% most disadvantaged wards and/or pockets of disadvantage. All must offer

access to the following core services: early education integrated with child care; family support and outreach to parents; and Child and Family health services.

226. Key points in relation to core services are that day care must be provided which is suitable for working parents (a minimum of 5 days a week, 48 weeks a year and 10 hours a day). An early years teacher on a half time basis should be employed in each centre, but this is a minimum and it is expected that this would be expanded over time.
227. As the Guidance indicates, Children's Centres are a way of working rather than a single initiative or brand. Thus a constellation of services in any one area may all fall within the Children's Centre remit.

Children's Centre: Sure Start Bramley

228. In the evaluation report in 2003 it was noted that the Programme Manager and the Deputy had been involved in a steering group to define the Leeds City Council Strategy, which required that a proposal in relation to Children's Centres be submitted by October 2003. Since then Sure Start Bramley has been awarded official Children's Centre Status. By July 2004 ten Children's Centres had been officially designated status (including Bramley), with more to come on line in the future.
229. The Programme Manager (PM2), deputy and administration manager were all invited this year as part of the evaluation to explore their views on the future of Sure Start Bramley which involved discussing developments in relation to children's centres.
230. This revealed quite a complex picture in relation to current and future capital developments. Sure Start Bramley has already built one nursery which, due to staffing issues, was not fully operational at the time the interviews for this evaluation were being carried out. Whilst the Local Authority Early Years Department has been awarded the tender to run this nursery, Sure Start Bramley as a limited company by guarantee and a registered charity, will continue to own the building and a service level agreement has been put in place. This ensures that spaces will be available in that nursery for some respite provision rather than being wholly dedicated to meeting the requirements of working parents.

231. A fifty-place nursery will also be opening and an operational centre will open later in the year and it is anticipated that current staff will move from their current rented building. Another rented property, known as the 'Drop In and Advice Centre', has been functioning on a limited basis in the shopping centre and its future is yet to be decided.
232. There was considerable optimism expressed in relation to the future. New provision and mainstreaming were both seen as ensuring the continuation and geographical expansion of services, thus removing some of the anxiety which staff had felt about the future. Furthermore, the delays in capital spend programmes were felt to be coming to an end thus removing a source of frustration.
233. However, there was also uncertainty and anxiety about the future in relation to **what** services might be offered and their **focus**. Uncertainty is increased because funding levels after 2007 are not clearly known, but it is likely they will taper off. Some of the concerns expressed were: *Will the focus of the Children's Centre be on providing day care with preventive work being less well resourced? Will the emphasis on family support continue given that there will only be one family support worker attached to the nursery provision? Will children's centres end up like Early Years Centres?*
234. The PCT have not been involved sufficiently in planning for the Children's Centre, according to one respondent. PCT priorities currently do not map easily onto the concerns of children's centres. This linked with a concern about how much statutory health services had been involved in Sure Start as it currently operates. Midwives had never been fully involved in SSB and whilst there had been a realignment of the health visiting service initially to correspond with Sure Start boundaries, this was no longer the case.
235. The lead role of local authorities in developing Children's Centres had been welcomed by some, marking the recognition of the success of Sure Start and the importance attached to it continuing. However, there were concerns that the community development 'bottom up' ethos of Sure Start might be lost. Parental involvement has not been as apparent in the planning for Children's Centres as it had been in the initial development of local programmes such as Sure Start Bramley. It was also unclear whether parental involvement in the running of children's centres would be encouraged to the same degree as has been the case for Sure Start programmes.

Information Systems

236. There is now a computerised data base in place. Although this is not being used fully yet, it is planned that it will become fully operational by September. Thus the current situation, which is a mix of manual and computerised data gathering, will cease. There have been problems in data gathering with some professionals less willing than others to provide such data, and some parents being unwilling to register as recipients of Sure Start services.
237. The failure to establish a fully functioning computerised data base from the start of the programme was considered a lost opportunity and was recognised as a mistake. Some inconsistencies in the monitoring data collected for the National Evaluation of Sure Start were noted, and levels of confidence in the accuracy of these data were not high.

Management issues

238. Much of the evaluation concentrated on exploring with managers what they felt the future held as well as reflecting on past difficulties and successes. This involved exploring capital programmes, information gathering, targets, service level agreements, the relationship with regional and national Sure Start, and the operation of the project particularly in terms of involving partners and parents. Respondents were also asked for their views on the priorities for future evaluation.
239. Some of the issues such as capital spending and information gathering have already been considered above. In terms of the relationship with regional and national Sure Start, it was apparent that for some that the national dimension was quite remote with the only clear point of reference being the submission in of monthly monitoring forms. There was a lot of involvement from the regional advisers at times of difficulty and there was a sense that they had become more helpful as time had gone on, although there was also a question mark over whether both national and regional levels were needed. Greater clarity about allocation of roles and functions at regional and national level would be helpful.
240. Targets were not experienced as restrictive and the freedom to undertake innovative work which Sure Start offered was felt to be highly valuable. Service level

agreements with partner organisations were felt to provide a useful mechanism for commissioning and reviewing work and had generally worked very well.

241. There was some concern about the current state of partnership working. A number of initiatives such as the 'Drop In and Advice Centre' had been less fully developed because of the lack of commitment by partners, although there was also very positive examples of partnership working, such as the post natal depression group and the parenting programme directed at fathers. In general partnerships with the voluntary sector have proved more satisfactory than those with the statutory services. Concerns about links with health services have already been mentioned. Liaison with both Health and Social Services had been impaired by serious staff shortages in both agencies.
242. The involvement of parents in SSB was patchy overall. A few parents gave a lot of time to Sure Start. As was to be expected, key committed parents had moved on in the lifetime of the project. Encouraging and retaining parental involvement was an ongoing concern. There was also an issue about whether and how parents who chose to become involved represented the views of other parents. Parents' forums have been tried but have not been successful.
243. A key point to emerge from the discussion on priorities for future evaluation was that there was felt to have been a gap in the evaluation so far in terms of looking at how the management team operated, and how Sure Start Bramley was managed generally. A focus on managerial issues would be particularly timely as a new Programme Manager, PM2, had been appointed and took up her post in May 2004, bringing a new perspective to bear on the management and development of Sure Start Bramley. It was felt this would be particularly important to evaluate in the context of the move towards children's centres and the next period of change. The move towards children's centres needed evaluation on a range of dimensions particularly in the light of concerns expressed above.
244. The cost benefit exercise carried out in this year's evaluation was considered to have been helpful and enjoyable and it was hoped that this would be developed further.

Recommendation

Further monitoring of the development of Children's Centres and a focus on managerial issues should be considered for inclusion in the Year 4 evaluation.

8 Recommendations

Recommendations from earlier sections are repeated below

User Satisfaction Survey

- (i) Sure Start Bramley should review the evidence contained in the User Satisfaction Survey, and the implications highlighted in this section, and implement appropriate changes in its practice and service provision.

Outreach Team and File Review

- (ii) It is recommended that Sure Start Bramley considers the findings of the File Review and implications for practice, including possible opportunities to refer more families to Home Start.
- (iii) Ensuring that reliable data is entered onto the SPSS database is a priority for SSB and the Outreach Team. Sure Start Bramley management should urgently review, and where necessary improve, its data inputting systems to ensure that reliable management information is regularly available.

Strategic Overview

- (iv) All groups run by Sure Start Bramley should have equivalent status and they should broadly share the same transparent referral, structure and review processes. These should be owned by all staff working for Sure Start Bramley.
- (v) To aid ownership of the issues which Sure Start Bramley deals with in groups such as post natal depression and domestic violence, rotation of workers between groups should be considered.

- (vi) Training on research around the links between child abuse, domestic violence, depression, and parenting difficulties should ensure that the interconnected nature of parents' difficulties are understood and that appropriate services are developed.
- (vii) Consideration could be given to developing a qualitative evaluation in Year 4 exploring with mothers themselves what they understand by depression in the context of the transition to motherhood.
- (viii) The impacts upon children of issues such as domestic violence and post natal depression need to be addressed and provision should have both a child focus as well as an adult focus. This could be done by developing groups for children which incorporate the crèche facilities already provided for service users attending groups.
- (ix) If work with violent men is to be developed this should be developed within an inter-agency framework and a seminar should be organised to plan this.
- (x) Support should be sought from Project Workers with experience in this area.
- (xi) This evaluation of the Speech and Language Service should be used to establish targets for the next stage of its development, including a Training Plan involving Sure Start staff. The possibility of allocating additional funds for the service should be explored.

Cost Benefit Analysis

- (xii) Sure Start Bramley should consider the implications of the Cost Benefit Analysis undertaken so far, including the implications for record keeping and data submissions; and should decide whether to commission further cost effectiveness research.
- (xiii) The local evaluators should continue to inform Sure Start Bramley about work on Cost Benefit Analysis undertaken nationally or by other Sure Start programmes.

The next phase for Sure Start Bramley

- (xiv) Further monitoring of the development of Children's Centres and a focus on managerial issues should be considered for inclusion in the Year 4 evaluation.

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XXXXXXXXXX

Appendix 1

File Review May 2004

| |
|-----------------|
| Case No. |
|-----------------|

Date of Referral:.....**Source of Referral:**.....

Reason for Referral:.....

Family Composition:.....

Ethnicity:.....

Children: age and gender (at date of referral):.....

Duration of Contact with Family: from.....to.....

Focus and content of work:.....
.....
.....

Child protection issues: **YES** **NO**

Comment:.....
.....

Other Sure Start Services / groups used by parents:.....
.....

Other Sure Start services / groups used by children:.....
.....

Other outcomes for parents / children including services provided:.....
.....

Reason for ending work / involvement (if ended):.....

| |
|---|
| Estimate of level of work (Hardiker prevention grid) |
|---|

Appendix 2

Hardiker Grid: Summary

The Hardiker Grid has been used extensively to provide a frame of reference for assessing the level of work undertaken with families by statutory and voluntary agencies.

An explanation is enclosed in the Guidance document prepared by the Children's Fund in 2000/01, Annex A (p.37).

This document under the heading *Prevention* states: "Better a fence at the top of the cliff than an ambulance at the bottom". This image reflects the notion that relatively inexpensive and simple measures put in place early can save the need for more expensive, complex interventions precisely at a time when successful resolution will be less likely...intervention at an early stage can reduce the future probability of (adverse) outcomes and maximise the chance of (beneficial outcomes).

There are four levels of prevention.

Level One: *Services available for all children and families.* Diversionary - here the focus is before problems can be seen - thus prevention strategies are likely to focus on whole populations.

Level Two: *Children and families needing extra support;* early prevention implies that problems are already beginning to manifest themselves and action is needed to prevent them becoming serious or worse.

Level Three: *Children and families needing intervention.* Heavy-end prevention would focus on where there are multiple, complex and long-standing difficulties that will require a customisation of services to meet the needs of the individual concerned.

Level Four: *Children and families in crisis needing urgent and / or intensive intervention.* Restorative prevention focuses on reducing the impact of an intrusive intervention. This is the level of prevention that would apply to such as children and young people in public care, those permanently excluded from school or in youth offender institutions or supervision and / or those receiving assistance within the child protection framework.

(Sources: Adapted from Policies and Practices in Preventive Child Care (1991) Hardiker, P., Exton, K., Barker, M. and further adapted in Preventive Work with Families: The role of Mainstream Services (1997) Sinclair, R., Hearn, B., Pugh, G.)

A version of the Hardiker Grid using an inverted triangle diagram is included in the Green Paper *Every Child Matters*.



N C R C



SURE START BRAMLEY

User Satisfaction Survey Report

April 2004

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We would also like to thank Anne Robbins who inputted the data and produced the report.

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1. Introduction

1. The National Evaluation of Sure Start (NESS) provided written guidance to Sure Start Programmes on carrying out User Satisfaction Surveys in July 2002. NESS indicated that Sure Start programmes should carry out User Satisfaction Surveys to establish baseline data as soon as possible after they became operational. Programmes were further required to carry out a repeat survey after three years to compare results. Survey results had to be sent to NESS. This guidance was produced some eighteen months after Sure Start Bramley became operational early in 2001. An initial Child Care Survey had been carried out by Sure Start Bramley in February 2000, before detailed guidance from NESS was available. The Sure Start Programme Manager and the local evaluators agreed that a User Satisfaction Survey following the NESS guidelines should be undertaken in 2003, and the Nationwide Children's Research Centre (NCRC) was asked to undertake the survey as an addition to its annual evaluation contract. Additional funding was provided for this.
2. NESS made available two specimen User Satisfaction Surveys, and the NCRC in consultation with Sure Start Bramley agreed that the questionnaire developed by Sure Start Bournemouth should be used as a starting point. This was amended in July 2003 and a draft of the revised questionnaire was further amended in consultation with members of the Sure Start Partnership Board. The Sure Start Bramley Evaluation Sub Group oversaw the implementation of the survey and developed a strategy to ensure that sufficient questionnaires were completed. Questionnaires were completed in the Sure Start Bramley area for a period stretching from August until December 2003. The analysis of the completed questionnaires forms the basis of this report.

Advice from National Evaluation of Sure Start

3. The July 2002 document recommended that the five key areas of Sure Start activity (i.e. outreach and home visiting; support for families and parents; support for good Quality play, learning and child care; primary and community health care; and support for children and parents with special needs), should be covered in the survey. The survey could be carried out by staff of the local programme or by agents commissioned by the Partnership.

4. The NESS document provided advice about sampling strategies. Their guidance was that, in investigating user satisfaction, between 15% and 30% of eligible parents should be surveyed, aiming for a response rate of over 70%. Advice from Sure Start nationally and regionally was that postal questionnaires generally had low response rates. NESS advised that follow-up initiatives might be required if the response rate was disappointing, and the planned timetable might need to be extended. These follow-up initiatives would need to be carefully monitored. One pragmatic piece of advice from NESS was *"put your persuasive efforts into those who seem most likely to respond"*. (NESS Guide to conducting User Satisfaction Surveys (2002) p 12). NESS highlighted the importance of ensuring that the whole Sure Start team knew about the survey and its potential implications for their practice. The NESS Guidance acknowledged that internal staff involved in the survey might feel more committed to responding to results and to incorporating changes to the programme subsequently. The use of parent-researchers could also be considered.

5. NESS also provided advice on construction of the questionnaire, piloting its use, and on alternative methods including interviews, focus groups and expert panels.

2. Methodology

Repeating the February 2000 Child Care Survey

6. Sure Start Bramley and the NCRC recognised that the survey would be carried out during the third year of the programme, and that this would be the first opportunity to provide detailed information about user satisfaction. The results of the Child Care Survey carried out in February 2000 were reviewed. This survey focused on use of existing services; requests for additional services; and on parents' / carers' views about new developments. Although the survey did not explore satisfaction levels, it had attracted a substantial response and provided baseline data. It was therefore decided to include the February 2000 questionnaire with the User Satisfaction Questionnaire in order to provide data which would allow changes and trends between February 2000 and Autumn 2003 to be measured. The Sure Start Bramley User Satisfaction Questionnaire along with the February 2000 Questionnaire is included as **Appendix 1** to this report.

User Satisfaction Questionnaire

7. The evaluators met with representatives of Sure Start Bramley in July 2003 to develop the questionnaire, using the one produced by Sure Start Bournemouth as a starting point. The questionnaire covered general satisfaction levels with services in the area, and also detailed responses about services directly provided by Sure Start and other services funded by Sure Start. Questions about smoking were included, as this is one of the main target areas which Sure Start programmes have to address. The questionnaire was revised continuously over the following month. Clarity of the questions was improved through piloting the questionnaire with a small number of Sure Start staff and others involved. The questionnaire made it clear that only participants (one per family) living in the Sure Start Bramley area and who had children under five were eligible to take part in the survey.
8. In order to encourage a positive response, participants who completed the questionnaire were offered the opportunity to be entered into a Prize Draw, with a first prize of £100, a second prize of £50 and two third prizes of £25 payable, in vouchers. This required respondents to provide contact details, which were recorded separately from the completed questionnaires. The Prize Draw was made at the

Sure Start Bramley Christmas Party on 10.12.03 and the winners were notified and paid out straight afterwards.

Sampling

9. Slightly over 900 families with children under four were known to Sure Start Bramley in 2003. Taking account of the NESS Guidance to survey at least 15% of families and ensuring a response rate of over 70%, it was decided that achieving between 100 and 130 completed questionnaires would provide a competent basis for analysis.
10. Sampling strategy and questionnaire completion was overseen at meetings of the Evaluation Sub Group on 29.07.03, 11.09.03, 9.10.03 and 24.11.03. Relevant sections of the minutes of these four meetings are enclosed as **Appendix 2** to this report.
11. Consideration was given to recruiting and training parent-researchers to administer the questionnaire. It was eventually decided (at the meeting on 9.11.03) that insufficient time was available for training parent-researchers and undertaking Criminal Records Bureau checks, and this plan was dropped.
12. Questionnaires were distributed to all services provided by Sure Start Bramley and its partners. The principle was clearly established that questionnaires should not be administered by staff who had any direct involvement with service users who were completing the questionnaire. The NCRC evaluator distributed questionnaires to participants who went on a summer outing to Bridlington on 26.08.03 and twenty nine (29) were returned at the end of the day.
13. Sure Start staff in the Outreach Team played a major role in distributing and collecting completed questionnaires. Staff involved observed that completion time was 10-15 minutes.
14. At the September meeting it was agreed that questionnaires would be distributed to the five nursery schools / classes in Bramley. The NCRC wrote to the nurseries on 23.09.03 (see letter at **Appendix 3**) and made telephone contact with them shortly afterwards. All of them agreed to take part. A member of the Outreach Team distributed questionnaires to the nurseries and made subsequent visits to collect these following completion.

Participants with children with Additional / Special needs and contact with Homeless Persons' Unit

15. Sure Start contacted a Health Visitor at Bramley Clinic who had addresses for parents with children with additional / special needs. The Health Visitor contacted these families to ask whether they would agree to be approached by the NCRC about attending a Focus Group with other parents with similar experience. The NCRC wrote to some five parents with children with additional / special needs on 10th October 2003 (see **Appendix 4**) inviting them to attend a Focus Group meeting. The evaluator learnt that this would be difficult for most parents so, instead, telephone interviews were held with four parents to discuss their experience of services in more detail.
16. One of the evaluators visited the Homeless Persons' Unit in Bramley and met a small number of parents who completed the questionnaire.

Returned Questionnaires

17. The closing date for completion of questionnaires was fixed for the end of November 2003 and then extended until 8th December 2003. One hundred and twenty-five questionnaires were completed, and out of these one hundred and fifteen also completed the repeat of the February 2000 Child Care Survey. A small number of questionnaires were incomplete and, where possible, additional information was obtained by telephone by the NCRC Administrator. All the information on the questionnaires was inputted on to an SPSS database and then analysed.

3. Findings

3.1 Results of Sure Start Bramley Child Care Survey in February 2000 compared with results in Autumn 2003

18. In February 2000 questionnaires were issued by local Primary Schools and one-to-one interviews were carried out at various events, Health Centres and Toddler Groups, across the proposed Sure Start area. Four hundred and forty-six (446) questionnaires were returned. The number of questionnaires returned from carers of children under five was one hundred and ninety seven (197).

19. In Autumn 2003 one hundred and fifteen (115) repeat questionnaires, using exactly the same format, were completed. Only participants with children under five were eligible to complete the questionnaire this time round. As the number of completed questionnaires was lower in 2003, it may be that the repeat survey findings were less representative of the whole group of participants with children under five than the original survey in 2000.

Question 1 - Type of Carer

| Type of Carer | February 2000 | | Autumn 2003 | |
|---------------|---------------|---------------------------------|-------------|-------------|
| | All | Parents with child(ren) under 5 | Number | Percentage |
| Mother | 89.5% | 93.9% | 106 | 92.2% |
| Father | 5.6% | 3.6% | 2 | 1.7% |
| Child-minder | 1.3% | 2.5% | 1 | 0.9% |
| Grand-parent | 0.2% | 0.5% | 1 | 0.9% |
| Regular carer | 0.9% | 0.0% | 5 | 4.3% |
| Total | 97.5% | 100.5% | 115 | 100% |

Comment

20. Proportions of types of carer were very similar in the repeat survey in 2003. Numbers of fathers completing the survey were very small.

Question 2 - Age range of Carer

| Age Range | February 2000 | | Autumn 2003 | |
|--------------|---------------|---------------------------------|-------------|------------|
| | All | Parents with child(ren) under 5 | Number | Percentage |
| Under 20 | 1.3% | 2.0% | 3 | 2.6% |
| 21 - 30 | 32.7% | 48.7% | 51 | 44.3% |
| 31 - 40 | 53.1% | 42.6% | 50 | 43.5% |
| 41 - 50 | 9.4% | 5.6% | 8 | 7% |
| 51 - 60 | 0.2% | 0.5% | 3 | 2.6% |
| Over 60 | 0.4% | 0.5% | 0 | 0 |
| Total | 97.1 | 99.9 | 115 | 100 |

Comment

21. The pattern of age ranges of carers in the repeat survey was similar to that in February 2000. The proportion of parents aged 21-30 was slightly lower in the repeat survey.

Question 3 - Number of Children in Family

| Number of Children in Family | February 2000 | | Autumn 2003 | |
|------------------------------|---------------|---------------------------------|-------------|--------------|
| | All | Parents with child(ren) under 5 | Number | Percentage |
| 1 | 16.4% | 12.2% | 47 | 40.9% |
| 2 | 43.7% | 44.7% | 37 | 32.2% |
| 3 | 16.6% | 20.8% | 24 | 20.9% |
| 4 | 6.7% | 8.6% | 4 | 3.5% |
| 5 | 0.4% | 1.0% | 2 | 1.7% |
| 6 | 0.4% | 0.5% | 1 | 0.9% |
| 7 | 0.7% | 1.5% | 0 | 0 |
| Total | 84.9% | 89.3% | 115 | 100.1 |

Comment

Data about the number of the children in the families was incomplete for the 2000 survey

22. The proportion of participants with one child in the repeat survey was much higher (40.9% in 2003 compared with 12.2% in 2000).
23. The proportion of participants with two children was lower in the repeat survey (32.2% in 2003 compared with 44.7% in 2000).

Respondents were asked whether they were registered disabled and whether any of the children in their care were registered disabled.

Question 4 - Disability

| | February 2000 | | Autumn 2003 | |
|----------------|---------------|-----------|-------------|------------|
| | All | Under 5's | Number | Percentage |
| Disabled Carer | 5 | 3 | 3 | 2.6% |
| Disabled Child | 3 | 3 | 8 | 0.7% |

Comment

24. Numbers of children registered disabled were higher in the smaller repeat survey in 2003.

Respondents were asked to tick which of the services listed below they used.

Question 5 - Use of Existing Services

| | February 2000 | | Autumn 2003 | | | |
|--------------------|---------------|-----------|-------------|------------|-------------|---------|
| | All | Under 5's | Number | Percentage | Variation % | Summary |
| Health Visitors | 25.3% | 42.1% | 55 | 47.8% | + 5.7 | + |
| Parents & Tots | 11.4% | 24.9% | 66 | 57.4% | +32.5 | ++ |
| Schools | 76.9% | 71.6% | 55 | 47.8% | -23.8 | - |
| Evening Clubs | 8.3% | 5.6% | 2 | 1.7% | -3.9 | = |
| Toy Library | 1.6% | 3.0% | 17 | 14.8% | +11.8 | ++ |
| Parks | 70.0% | 73.6% | 88 | 76.5% | +2.9 | = |
| Doctors | 85.2% | 84.8% | 91 | 79.1% | - 5.7 | - |
| Child-minders | 8.7% | 10.2% | 6 | 5.2% | - 5.0 | - |
| After-School Clubs | 10.5% | 3.6% | 6 | 5.2% | + 1.6 | = |
| Dancing Classes | 9.9% | 8.6% | 7 | 6.1% | - 2.5 | = |
| Swimming Pools | 58.1% | 53.3% | 64 | 55.7% | + 2.4 | = |
| Pre-School Group | 4.3% | 8.6% | 20 | 17.4% | + 8.8 | + |
| Dentists | 79.8% | 76.6% | 72 | 62.6% | - 14.0 | -- |
| Nursery | 14.6% | 32.0% | 42 | 36.5% | + 4.5 | = |
| Playgroups | 8.7% | 17.3% | 40 | 34.8% | + 17.5 | ++ |
| Libraries | 44.4% | 35.0% | 46 | 40.0% | + 5 | + |
| Playgrounds | 41.9% | 43.7% | 57 | 49.6% | + 5.9 | + |

Key to Summary: + more than 5% increase
 ++ more than 10% increase
 = less than 5% increase or decrease
 - 5% or more decrease
 -- 10% or more decrease

Comment

25. The most marked increase in use of existing services in the repeat survey were use of *Parents and Toddlers* (up by 32.5%); use of *Playgroups* (up by 17.5%); and in use of *Toy Library* (up by 11.8%), representing an upward trend in the use of pre-school services.
26. Reduction in the use of *schools* is likely to be explained by the repeat survey being restricted to the parents/carers of children under five.
27. Fewer carers said that they used *Dentists* (down by 14.0%) in the repeat survey.
28. Use of *Doctors* was lower in the repeat survey, as was use of *Child Minders* (numbers of child minders used were low in both surveys).

Respondents were asked whether they would like more advice on what Child-Care services were available in the area.

Question 6 - Desire for Further Child-Care Advice

| | February 2000 | | Autumn 2003 | |
|----------------|---------------|-----------|-------------|------------|
| | All | Under 5's | Number | Percentage |
| Yes | 54.3% | 67.5% | 79 | 68.7% |
| No | 31.6% | 25.9% | 33 | 28.7% |
| Missing | | | 3 | 2.6% |

Comment

29. Over two-thirds of respondents in the repeat survey wished to have more advice on *child-care services*, a similar response to the 2000 survey. More advice was provided in 2003 (now that Sure Start was established), but demand for advice remained as high as before.

Respondents were asked what additional facilities they would like to see for children in the area.

Question 7 - Requests for Additional Services

| | February 2000 | | Autumn 2003 | | | |
|--------------------------|---------------|-----------|-------------|------------|-------------|---------|
| | All | Under 5's | Number | Percentage | Variation % | Summary |
| More Parents & Toddlers | 14.8% | 26.9% | 35 | 30.4% | + 3.5 | = |
| More Nursery Provision | 18.8% | 29.9% | 20 | 17.4% | - 12.5 | -- |
| Advice Centre | 24.2% | 26.9% | 26 | 22.6% | - 4.3 | = |
| Accessible Toy Library | 13.2% | 20.3% | 14 | 12.2% | - 8.1 | - |
| Community Café | 28.5% | 33.0% | 46 | 40.0% | + 7.0 | + |
| Baby Equipt. Library | 11.2% | 18.8% | 23 | 20.0% | + 1.2 | = |
| Safe Play Areas | 75.3% | 85.3% | 94 | 81.7% | - 3.6 | = |
| More Playgroup Provision | 22.6% | 32.5% | 22 | 19.1% | - 13.4 | -- |
| More After-School Clubs | 49.8% | 45.7% | 24 | 20.9% | - 24.8 | -- |
| A Shopper's Creche | 32.1% | 44.2% | 49 | 42.6% | - 1.6 | = |
| More Sports Provision | 35.4% | 28.9% | 18 | 15.7% | - 13.2 | -- |
| Baby Products Co-op. | 12.1% | 25.4% | 29 | 25.2% | - 0.2 | = |

Key to Summary: + more than 5% increase
 ++ more than 10% increase
 = less than 5% increase or decrease
 - 5% or more decrease
 -- 10% or more decrease

Comment

30. By far the highest level of demand was for Safe Play Areas: over 80% of respondents requested these in both 2000 and 2003, and with only a slight reduction in the 2003 survey.
31. A higher proportion of participants in the repeat survey wished to see a *Community Café* (up by 7%).
32. A smaller proportion of parents requested *more nursery provision* (down by 12.5%), an *accessible toy library* (down by 8.1%), and *play group provision* (down by 13.3%). These reductions probably indicated that demand for these services was closer to being met.

33. Smaller proportions of parents in the repeat survey requested *more after school clubs* (down by 24.8%); and *more sports provision* (down by 13.2%). These reductions may be partly explained by the fact that in the repeat survey only parents of under 5's were eligible to take part, for whom *after school clubs* and *sports provision* may not have been such pressing concerns.

Respondents were asked which of the services listed in the tables below they would appreciate.

Question 8 - New Facilities / Developments

| | February 2000 | | Autumn 2003 | | | |
|--------------------------------------|---------------|-----------|-------------|------------|-------------|---------|
| | All | Under 5's | Number | Percentage | Variation % | Summary |
| Meeting other Parents / Carers | 23.1% | 35.5% | 66 | 57.5% | + 22 | ++ |
| Group for first-time parents | 12.6% | 19.3% | 23 | 20.0% | + 0.7 | = |
| Parenting Group | 52.5% | 58.9% | 55 | 47.8% | - 11.1 | - |
| Health Diet on a Budget | 29.8% | 31.5% | 36 | 31.3% | - 0.2 | - |
| Finance / benefit Issues | 27.1% | 27.4% | 31 | 27.0% | - 0.4 | = |
| Hobbies / Other interests | 38.3% | 50.3% | 56 | 48.7% | - 1.6 | = |
| Preparing child for School | 21.1% | 35.0% | 48 | 41.7% | - 6.7 | + |
| More visits from Health Workers etc. | 13.5% | 16.2% | 13 | 11.3% | - 4.9 | = |
| More accessible Health-care Facils. | 18.6% | 20.8% | 15 | 13.0% | - 7.8 | - |
| Better Public Transport | 46.6% | 54.3% | 45 | 39.1% | - 15.2 | -- |
| Other (specified) | | | 4 | 3.5 | | |

Key to Summary: + more than 5% increase
 ++ more than 10% increase
 = less than 5% increase or decrease
 - 5% or more decrease
 -- 10% or more decrease

Comment

34. Requests for opportunities for meeting other parents / carers, for parenting groups generally, and for healthy diet on a budget were all strongly represented in both the 2000 and 2003 surveys. More parents / carers wanted opportunities *for meeting with other parents / carers* (up by 22%); and there were also more requests for groups *helping prepare children for school* (up by nearly 7%). Requests for help for families with *hobbies / other interests* and with *finance and benefit issues* remained high and

at about the same level in 2003 as in 2000. Requests for *better public transport* (down by 15%) and for *more accessible health care facilities* (down by nearly 8%) were lower by 2003.

Summary

35. One hundred and ninety seven parents with children under five completed the survey in 2000; 115 parents with children under five completed the survey in 2003. In both 2000 and 2003 over 90% of people completing the survey were mothers. The numbers of fathers completing both surveys was very small. Ninety one per cent of respondents were aged 21 - 40 in 2000; 88% of respondents were aged 21 - 40 in 2003. Within these groups, a slightly lower percentage was aged 21 - 30 in 2003 (44.3%, compared with compared with 48.7% in 2000).
36. The main difference between the two survey groups was that the proportion of participants with one child was much higher in 2003 (40.9% in 2003, compared with 12.2% in 2000). The proportion of participants with two children was lower in the repeat survey (32.2% in 2003, compared with 44.7% in 2000).
37. By 2003 there was evidence of increased use of pre-school services (*parents and toddlers facilities, play groups and toy library*). The level of use of *child minders* was low in both surveys. The proportion of respondents using *dentists* was lower in 2003 than in 2000.
38. In both surveys over two-thirds of respondents said that they wanted more *child care advice*, notwithstanding the higher level of child care services provided by 2003.
39. More than 80% of respondents requested *Safe Play Areas* in both 2000 and 2003. There was evidence that the demand for under fives' services (*play groups, nursery provision, and accessible toy library*) was lower in 2003.
40. As regards new developments, requests for a wider range of parent support activities, help with *hobbies / other interests*, and help with *finance / benefits* were high in both surveys. By 2003, requests for *opportunities to meet other parents*, and for help *preparing children for school* had increased; while requests for *better public transport* and for *more accessible health care facilities* had reduced.

3.2 Analysis of August 2003 Sure Start Bramley User Satisfaction Survey

One hundred and twenty five completed questionnaires were returned to the NCRC in December 2003 and were analysed in the following months..

41. One hundred and twenty-four (**124**) respondents were female and one (**1**) was male.
42. One hundred and nineteen (**119**) respondents described themselves as the main carer of their child. Six (**6**) said that they were not the main carer of their child.

Ages of Respondents

43. The age group of respondents is described in **Table 1** below:

Table 1 - Age Group of Respondents

| Age Group | Number | Percentage |
|------------------|---------------|-------------------|
| 16-25 | 25 | 20.0 |
| 26-35 | 76 | 60.8 |
| 36-45 | 17 | 13.6 |
| 46-55 | 5 | 4.0 |
| Over 55 | 2 | 1.6 |
| Total | 125 | 100.0 |

44. Three-fifths of respondents (60.8%) were aged 26-35.

Family Type : Living with Partner, or Others, or No-one else

45. Respondents were asked whether they were living with a partner, with adult relatives, with other adults, or with no-one else.
46. Eighty-six (68.8%) said that they were living with a *partner*. Twenty-seven (21.6%) said that they were living with *no-one else*. Nine respondents (7.2%) were living with *adult relatives*; and three (2.4%) were living with *other adults*.

Number of Children

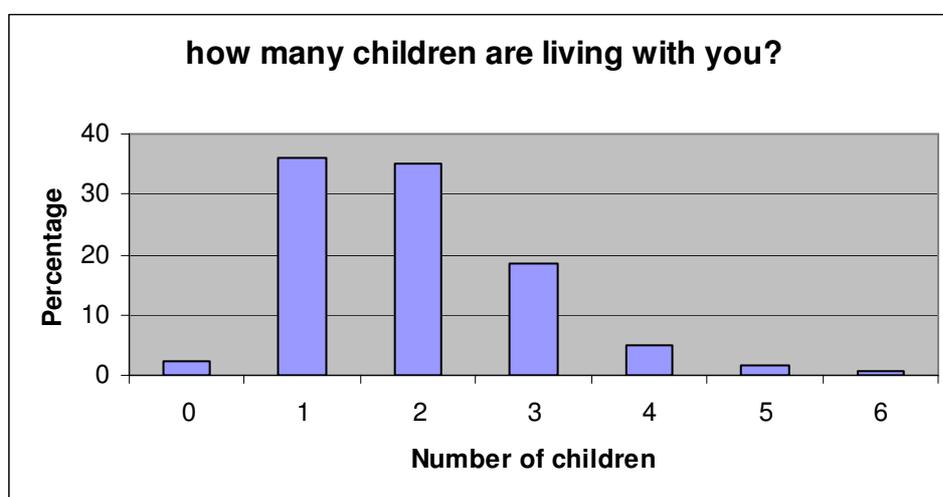
47. Respondents were asked how many children were living with them.

Responses are in **Table 2** below:

Table 2 - How many children living with you?

| Number of Children | Frequency | Percentage | Cumulative % |
|--------------------|------------|--------------|--------------|
| 0 | 3 | 2.4 | 3.2 |
| 1 | 46 | 36.0 | 39.2 |
| 2 | 44 | 35.2 | 74.4 |
| 3 | 23 | 18.4 | 92.8 |
| 4 | 6 | 4.8 | 97.6 |
| 5 | 2 | 1.6 | 99.2 |
| 6 | 1 | .8 | 100.0 |
| Total | 125 | 100.0 | 100.0 |

48. The table is illustrated in the bar chart below:



49. More than a third of the parents had one child; and nearly the same number had two children.

50. Ages of the children in respondents' households are set out in **Table 3** below:

**Table 3
Ages of Children of Participants**

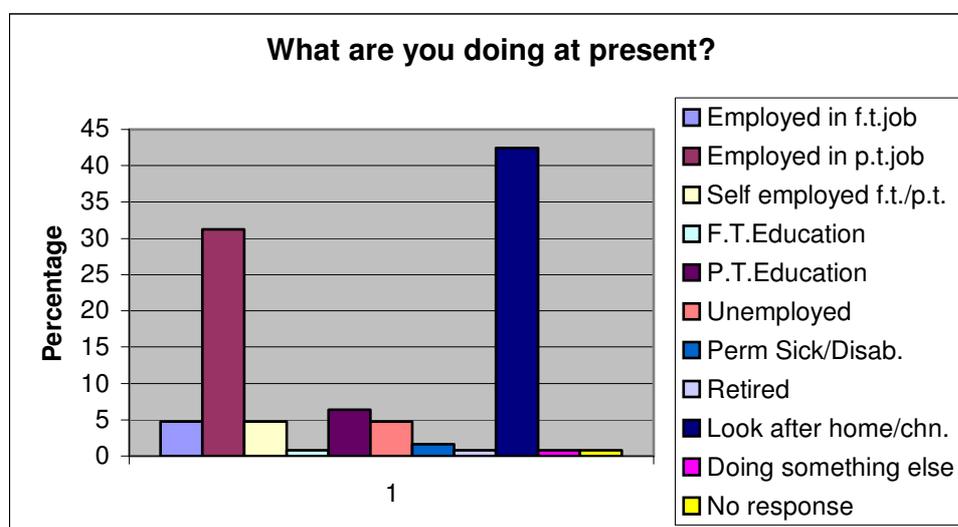
| Age | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|--------|----|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|
| Number | 22 | 29 | 44 | 48 | 18 | 12 | 12 | 16 | 7 | 2 | 10 | 5 | 6 | 2 | 3 | 1 | - |

Ethnicity of Respondents

51. Overwhelmingly, respondents described themselves as *white UK* (121 out of 125 respondents). One respondent was *Black African*; one respondent was *Indian*; one described herself as *Other*; and there was one missing response.
52. Respondents were asked what they were doing at present. Their replies are set out in **Table 4** below and also illustrated in a bar chart.

Table 4 - What are you doing at present?

| | Frequency | Percentage |
|---|------------------|-------------------|
| Employee in full-time job (30 hours plus) | 6 | 4.8 |
| Employee in part-time job (under 30 hours plus) | 39 | 31.2 |
| Self-employed full or part-time | 6 | 4.8 |
| Full-time education | 1 | .8 |
| Part-time education | 8 | 6.4 |
| Unemployed | 6 | 4.8 |
| Permanently sick / disabled | 2 | 1.6 |
| Retired from work | 1 | .8 |
| Looking after the home / children | 53 | 42.4 |
| Doing something else | 1 | .8 |
| No response | 2 | .8 |
| Total | 125 | 99.2 |

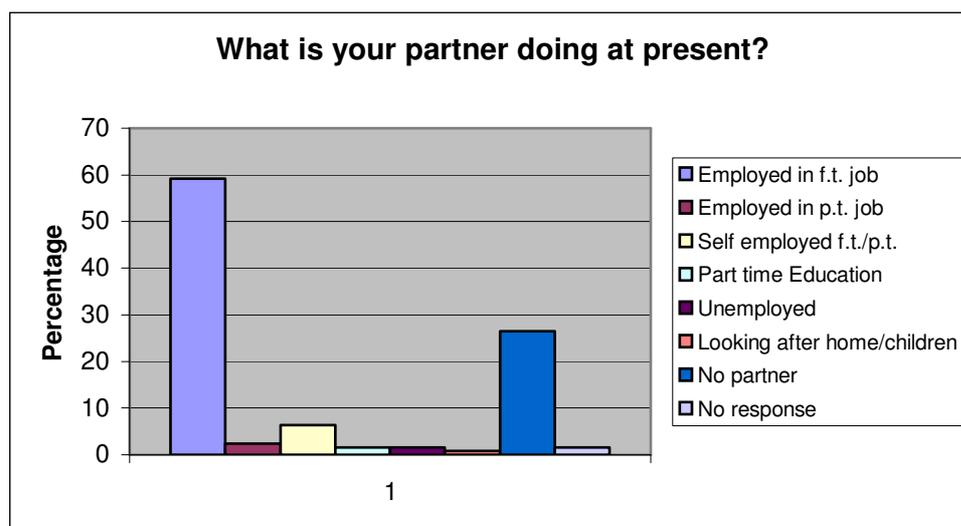


53. Over 40% of respondents were looking after the home / children. Over 30% were in part-time employment. Just over 6% were in part-time education. Nearly 5% were working full-time; nearly 5% were self-employed; and nearly 5% were unemployed.
54. Respondents were asked what their partner was doing at present. Their responses are set out in **Table 4**.

Table 4 - What is your Partner doing at present?

| | Frequency | Percentage |
|---|------------|--------------|
| Employee in full-time job (30 hours plus) | 74 | 59.2 |
| Employee in part-time job (under 30 hours plus) | 3 | 2.4 |
| Self-employed full or part-time | 8 | 6.4 |
| Part-time education | 2 | 1.6 |
| Unemployed | 2 | 1.6 |
| Looking after the home / children | 1 | .8 |
| No partner | 33 | 26.4 |
| No response | 2 | 1.6 |
| Total | 125 | 100.0 |

55. **Table 4** is further illustrated in the following bar chart:



56. Ninety respondents described their partners' activities. Thirty-three respondents (26.4%) said that they had no partner.
57. Eight-five out of the ninety partners were employees in full or part-time jobs or were self-employed. Seventy-four (82%) were employees in full-time jobs. Just one partner was at home looking after the children.

Cross-tabulation of daytime activity by family type

58. **Table 5** below describes the daytime activity of respondents and provides cross-tabulation for different family types i.e. living with *partner*, living with *adult relatives*, living with *other adults*, and living with *no-one else*.

Table 5 - What are you doing at present? Whom do you and your child live with?

Cross-tabulation

| What are you doing at present? | Do you and your child live with? | | | | |
|--|----------------------------------|-----------------|--------------|-------------|------------|
| | Partner | Adult relatives | Other adults | No-one else | Total |
| Employee in full-time job (30 hours plus) | 4 | | | 2 | 6 |
| Employee in part-time job (under 30 hours) | 29 | 3 | 1 | 6 | 39 |
| Self-employed full or part-time | 6 | | | | 6 |
| Full-time education | | 1 | | | 1 |
| Part-time education | 3 | 2 | | 3 | 8 |
| Unemployed | | 2 | | 4 | 6 |
| Permanently sick / disabled | 2 | | | | 2 |
| Retired from work | | | | 1 | 1 |
| Looking after the home / children | 41 | 1 | | 11 | 53 |
| Doing something else | 1 | | | | 1 |
| Missing data | | | 1 | | 1 |
| Total | 86 | 9 | 2 | 27 | 124 |

Employment by family type

59. A higher proportion of respondents living with a *partner* were in employment than respondents living with *no-one else*. For respondents living with a *partner*, twenty-nine out of eighty-six (33.7%) were employees in a part-time job, compared with six out of twenty-seven (22.2%) living with *no-one else*. Taking all forms of employment together the figures increase to thirty-nine out of eighty-six (45.3%) respondents living with a *partner*, compared with eight out of twenty-seven (29.6%) respondents living with *no-one else*. A higher proportion of respondents living with *no one else*

(three out of twenty-seven) than respondents with a partner (three out of eighty-six) were in part-time education. Four respondents living with *no-one else* also described themselves as unemployed. Out of the small number of respondents living with *adult relatives*, three were in part-time employment, three were in full or part time education, two described themselves as unemployed, and one was looking after the home/children.

Looking after the home / children

60. The proportion of respondents with a *partner* who were looking after the home / children (forty-one out of 86 - 46.1%) was slightly higher than the proportion of respondents living with *no-one else* (eleven out of twenty-seven - 40.1%).

Satisfaction with professional support during pregnancy

61. Respondents were asked what they thought about professional support (e.g. health or social support) that they or their partner received for their youngest child, during pregnancy; in the first two months after the birth of the child; and in the first five years of the child's life.
62. Respondents' views are set out in **Table 6** below:

Table 6 Professional Support for Youngest Child
Figures in brackets are percentages

| Services | Very satisfied  | Satisfied  | Dissatisfied  | Very dissatisfied  | No services received | No response |
|--|---|--|---|--|----------------------|--------------|
| During pregnancy | 47 (37.6) | 48 (38.4) | 6 (4.8) | 2 (1.60) | 19 (15.2) | 3 (24) |
| In the first two months after the birth of your child | 54 (43.2) | 50 (40) | 7 (5.6) | 1 (0.8) | 10 (8) | 3 (2.4) |
| In the first five years of your child's life | 42 (33.6) | 53 (42.4) | 7 (5.6) | 1 (0.8) | 17 (13.7) | 4 (3.2) |
| Mean | 47.6 (38.1) | 50.3 (40.3) | 6.6 (5.3) | 1.33 (1.1) | 15.3 (12.3) | 3.3 (2.6) |

63. A minority of respondents said that they received no services. *No services* replies were higher during pregnancy and the first five years, and lower in the first two months after the birth of the child.
64. More than three-quarters of respondents were either *satisfied* or *very satisfied* at all three stages. Satisfaction levels were highest (83.4%) during the first two months after the birth of the child, with a slightly higher proportion of respondents being *very satisfied* (43.2%) than *satisfied* (40%). Overall, the percentage of respondents who were *very satisfied* (47.6) or *satisfied* (50.3) were fairly similar at all three stages.
65. The percentage of respondents who were *dissatisfied* (6.6) or *very dissatisfied* (1.3) over all three stages was small.

Reasons for dissatisfaction with support for youngest child

66. Respondents were asked to say why they were dissatisfied with the support available, if this was the case. Eighteen out of the 125 respondents commented on reasons for their dissatisfaction. Twelve of the comments referred to lack of support or interest from health professionals (health visitors, midwives or doctors). One respondent said that no help was given and she was *"not aware of what was available"*. Another respondent said that *"appointments were not always available"*. Another respondent referred to having had a *"bad pregnancy and no support"*. Other comments referred to health professionals (midwives) who did not seem *"interested in my questions"*. Another referred to *"no follow-up from (name of) Clinic"*.
67. One parent said that she had *"had PMT and did not receive help until third child"*. Another referred to *"depression - no child-care support for any children"*.
68. Other comments were *"(I was) seen by GP until (my) child was six weeks old, then no help offered"*. Another parent said that she had seen *"different people who don't know the history of the family"*. One parent said that she had *"not been called for development checks (at appropriate times)"*.
69. Although the question was about reasons for dissatisfaction, two parents commented positively. One said that she was *"very happy (with the) support available"*. Another referred to help always being available *"on the end of the phone"*.

Other family support services respondents would like to see

70. Respondents were asked to describe any other family support services that they would like to see in the future. Twenty respondents referred to a range of support services for parents and children.

71. Five parents referred to practical support services which would benefit them:

A sitting service would be a good idea

More group meetings and outings

More groups in afternoons

More support for working families - different times

Parents' rights groups - advocacy

72. Some parents requested more specific services

Continued breastfeeding support for babies and ante-natal care

More help in understanding feelings (after birth)

More support for pregnant women; support for the main carer

Family Centre open seven days for all the family

73. A number of parents had suggestions about additional provision for under fives:

Afternoon Play Group and Art and Craft Club (2 respondents)

More activities for children to learn from each other

Mums and Tots good but need promoting in particular areas

74. Three parents referred to *better nursery provision; more information about nursery and pre-school and schooling* (2 respondents).

75. Two respondents referred to the need for a *play gym* and for a *soft play facility in Bramley*.

76. Another parent referred to the need for *working alongside professionals before and after the birth*.

77. Three parents referred to Social Services: *"(The) Social Worker in hospital was brilliant"*. Another parent said, *"Social Services helped; everyone was okay"*. Another parent said that it *"would be nice to see what Social Services offers to parents"*.

Breast-feeding

78. Respondents were asked whether their youngest child was breast-fed

79. Responses are in **Table 7** below:

Table 7 - Was your youngest child breast-fed

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 52 | 41.6 |
| No | 68 | 54.4 |
| No Reply | 5 | 4.0 |
| Total | 125 | 100.0 |

80. Less than half (52 out of 120 - 41.6%) of respondents said that they had breast-fed their youngest child.

Period during which breast-feeding took place

81. Parents who had breast-fed their youngest child were asked for how long this continued.
82. Out of the mothers who had breast-fed their youngest child, a large majority (45 out of 51 - 88%) had continued from birth until three months. Two continued from three to six months. Two continued for between nine and twelve months. A further two mothers continued beyond twelve months.
83. Parents who had breast-fed their youngest child were asked how satisfied they had been with the support received. Sixty-one parents (nine more than had said they had breast-fed their youngest child!) replied. Their satisfaction levels are described in **Table 8** below:

Table 8
Satisfaction levels of mothers who breast-fed their youngest child

| | Frequency | Percentage |
|-------------------|-----------|-------------|
| Very dissatisfied | 3 | 4.9 |
| Dissatisfied | 6 | 9.8 |
| Satisfied | 34 | 55.7 |
| Very satisfied | 18 | 29.5 |
| Total | 61 | 99.9 |

84. A large majority of mothers who breast-fed their youngest child were either *satisfied* or *very satisfied* with the support received (52 out of 61 - 85%). Out of these more were *satisfied* (34) than were *very satisfied* (18).
85. Nine out of the sixty-one (14.8%) were either *dissatisfied* or *very dissatisfied* with the support received.

Proportion of youngest child breast-fed analysed by family type

86. **Table 9a** below analyses the proportion of respondents who breast-fed their youngest child by family type.

Table 9a
Respondents who breast-fed youngest child analysed by family type

| | | Do you and your child live with? | | | | Total |
|-------------------------------------|-----|----------------------------------|-----------------|--------------|-------------|------------|
| | | Partner | Adult Relatives | Other Adults | No-one else | |
| Was your youngest child breast-fed? | Yes | 36 | 4 | 1 | 11 | 52 |
| | No | 48 | 4 | | 16 | 68 |
| Missing data | | 2 | 1 | 2 | | 5 |
| Total | | 86 | 9 | 3 | 27 | 125 |

Table 9b
Respondents who breast-fed youngest child analysed by age group

| Was your youngest child breast-fed? | Age Group | | | | | Total |
|-------------------------------------|-----------|-----------|-----------|----------|----------|------------|
| | 16-25 | 26-35 | 36-45 | 46-55 | Over 55 | |
| Yes | 10 | 35 | 6 | 1 | - | 52 |
| No | 15 | 40 | 11 | 1 | 1 | 68 |
| Missing Data | - | 1 | - | 3 | 1 | 5 |
| Total | 25 | 76 | 17 | 5 | 2 | 125 |

Comment

87. The proportion of respondents with *partners* who breast-fed their youngest child (36 out of 86 - 41.9%) was similar to the proportion of respondents living with *no-one else* (11 out of 27 - 40.7%). A similar proportion of the small number of respondents living with *adult relatives* (4 out of 9) breast-fed their youngest child.
88. Less than half the mothers in each of the three main age groups (16-25, 26-35 and 36-45) breast-fed their first child. The proportion of mothers aged 26-35 who breast-fed was somewhat higher than the other two main age groups, but the difference was not statistically significant.

Post-Natal Depression

89. Respondents were asked whether they experienced feeling low or post-natal depression after the birth of any of their children. Respondents' answers are in **Table 10** below:

Table 10

Did you experience post-natal depression after the birth of any of your children

| | Frequency | Percentage |
|--------------|------------|--------------|
| Yes | 42 | 33.6 |
| No | 64 | 51.2 |
| Not Sure | 11 | 8.8 |
| No Response | 8 | 6.4 |
| Total | 125 | 100.0 |

90. One-third of the respondents in the survey said that they had experienced post-natal depression, a high proportion. Just over half said that they had not had this experience. Eleven said that they were *not sure*.
91. Respondents were asked whether they had received any support for this problem. Their replies are set out in **Table 11** below:

Table 11
Support received for post-natal depression

| | Frequency | Percentage |
|--------------|------------|--------------|
| Yes | 34 | 27.2 |
| No | 43 | 34.4 |
| Not Sure | 3 | 2.4 |
| No Response | 45 | 36 |
| Total | 125 | 100.0 |

92. Four-fifths (34 out of 42) of respondents who had experienced post-natal depression said that they had received support. Respondents were asked to say what help they had received. Thirty-four respondents described help which they had received.
93. Eighteen of these referred to help received from their GP. Out of these five referred to receiving medication or anti-depressants. Four of them referred to help received from their GP and also from a health visitor or midwife. Two of them referred to help from their GP and also to help received from family or friends. One of them had help from her GP and also attended a PND group. Out of those respondents who had attended the PND group, one also referred to help from a health visitor. In addition to the help received from the GP, one also referred to help from a Church of England pre-baptism group; one referred as well to help from the NSPCC; two said that they also received counselling and one of these also stated that she was *"on tablets"*. One referred to help received from her GP and from a Psychiatrist. One had seen her GP for *"Evening Primrose Oil"*.
94. Ten respondents referred to support received from their health visitor and three referred to support received from midwives. One of these said *"the midwife picked up on it straight away"*. Two respondents referred to help from Sure Start. One of these was also receiving help from her health visitor and her doctor. One respondent said that she had been admitted to hospital for a short period as a day patient.

95. Five respondents referred to help from family and friends. Four of these linked this to help from their doctor or health visitor. One respondent said that she had had help *"from family and friends - no-one else"*.
96. Respondents were asked how satisfied they were with the support received. Eighteen said that they were *very satisfied*; sixteen said that they were *satisfied*; and five said that they were *dissatisfied*. (Thirty-four respondents were either *very satisfied* or *satisfied* with the support they received, the same number as said that they had received support.)
97. Respondents were asked whether there was any other support they would have liked when they experienced post-natal depression. Fourteen respondents replied *"no"* or *"not that I can think of"*. One of these said, *"No, Sure Start has changed my life for the better"*.
98. Twenty-three respondents commented on other support they would have liked. Four of them referred to support from a health visitor, and one of these said *"possibly working alongside others"*.
99. Nine respondents referred to various kinds of support or advice, which they would have welcomed. Four of these would have liked to be able to access support groups. One of these mentioned *"counselling"*; another mentioned *"day care help"*; another specified *"support groups like the ones available to new mums"*; and one asked for a *"drop-in facility"*. Another mother asked for *"a PND support group or someone to talk to"*. Another asked for *"advice on sleeping and meeting other mums"*. Another asked for *"weekend support - someone to talk to"*. Three had more specific requests: one for *"more breast-feeding advice"*; another asked for *"more information on where to go to keep the kids occupied"*; and a third asked for *"more understanding about PMT"*.
100. Two respondents asked for someone to talk to their husband or partner (about post-natal depression). One said that she *"felt low; don't like hospital"*. Another respondent said that she had been in hospital a long time and referred to the additional needs of her child. Another said, *"medical staff don't ask you about this"*. A third respondent said it should not be assumed that there were no problems with a third child. Lastly, a respondent said that the *"PND questionnaire was completed too early after the birth of her child"*.

Further analysis about post-natal depression

101. Respondents' experience of post-natal depression was cross-tabulated by family type. The results are in **Table 12** below:

Table 12

| Do you and your child live with? | Did you experience post-natal depression after the birth of any of your children? | | | | Total |
|----------------------------------|---|-----------|-----------|-------------|------------|
| | Yes | No | Not Sure | No response | |
| Partner | 25 | 47 | 10 | 4 | 86 |
| Adult Relatives | 4 | 3 | | 2 | 9 |
| Other Adults | 1 | | | 2 | 3 |
| No-one else | 12 | 14 | 1 | | 27 |
| Total | 42 | 64 | 11 | 8 | 125 |

102. A higher proportion of respondents living with *no-one else* (12 out of 27, about 44%) than respondents living with *partner* (25 out of 86, about 29%) said that they had experienced post-natal depression.
103. Most (10 out of 11) respondents who were *not sure* about whether they had experienced post-natal depression were living with *partner*. A total of 35 out of 86 (about 40%) respondents living with *partner* answered *yes* or *not sure* about whether they had experienced post-natal depression. A total of 13 out of 27 (about 48%) of respondents living with *no-one else* answered *yes* or *not sure* about whether they had experienced post-natal depression.
104. Four out of nine respondents living with *adult relatives* said that they had experienced post-natal depression.
105. Experience of post-natal depression was cross-tabulated by age. Results are in **Table 13** below:

Table 13
Experience of post-natal depression analysed by age of mother

| What is your Age | Did you experience post-natal depression after the birth of any of your children? | | | | Total |
|------------------|---|-----------|-----------|-------------|------------|
| | Yes | No | Not Sure | No response | |
| 16-25 | 6 | 18 | 1 | | 25 |
| 26-35 | 29 | 39 | 6 | 2 | 76 |
| 36-45 | 6 | 6 | 4 | 1 | 17 |
| 46-55 | 1 | 2 | | 3 | 5 |
| Over 55 | | | | 2 | 2 |
| Total | 42 | 64 | 11 | 8 | 125 |

106. Higher proportions of mothers aged 26-35 (29 out of 76, about 38%) and mothers aged 36-45 (6 out of 17, about 35%) than younger mothers aged 16-25 (6 out of 25, about 24%) said that they had experienced post-natal depression.
107. Ten out of the eleven respondents who replied *not sure* were in the 26-45 age group. The total of *yes* and *not sure* responses for mothers aged 26-35 was 35 out of 76 (about 46%). The total of *yes* and *not sure* responses for the 36-45 year age group was 10 out of 17 (about 58%). The total of *yes* and *not sure* responses for the 16-25 age group was 7 out of 25 (about 28%).
108. Experience of post-natal depression was cross-tabulated with family size. The results are in **Table 14** below:

Table 14
Experience of post-natal depression analysed by number of children

| How many children are living with you? | Did you experience post-natal depression after the birth of any of your children? | | | | Total |
|--|---|-----------|-----------|-------------|------------|
| | Yes | No | Not Sure | No response | |
| 1 | 19 | 21 | 3 | 2 | 45 |
| 2 | 9 | 27 | 6 | 2 | 44 |
| 3 | 9 | 11 | 1 | 2 | 23 |
| 4 | 3 | 3 | | | 6 |
| 5 | | 2 | | | 2 |
| 6 | | | 1 | | 1 |
| Total | 40 | 64 | 11 | 6 | 121 |

109. A higher proportion of mothers with one child (19 out of 45) than parents with two children (9 out of 44) said that they had experienced post-natal depression. Just over half the incidences of post-natal depression occurred in families with two or more children.

Satisfaction levels with general services

110. Respondents were asked, if they had used any of the following services with their child (under 5), to say how they felt about them.

Table 15
General Services - Satisfaction Levels

| Services | very satisfied  | Satisfied  | Dissatisfied  | very dissatisfied  | Not used services |
|---------------------------|---|--|--|--|-------------------|
| Midwife | 57 | 28 | 4 | 3 | 33 |
| Health Visitor | 50 | 47 | 6 | 4 | 18 |
| District Nurse | 16 | 14 | 1 | 0 | 94 |
| Baby/Child Clinic | 37 | 53 | 8 | 2 | 25 |
| Social Worker | 11 | 7 | 1 | 1 | 105 |
| GP | 52 | 47 | 6 | 1 | 19 |
| Speech Therapist | 17 | 7 | 1 | 1 | 99 |
| NHS Direct (Out of hours) | 34 | 28 | 5 | 2 | 56 |
| TOTALS | 274 (50%) | 231 (42%) | 32 (6%) | 14 (3%) | 449 |

111. Overall, 50% of respondents were *very satisfied* with service levels, and 92% of respondents were either *very satisfied* or *satisfied*. Highest satisfaction levels were with Speech Therapists (65% of users *very satisfied*) and the Midwifery Service (62% of users *very satisfied*).

Services for Under 5's

112. Respondents were asked if they had used any of the following services with their child (under 5) and to say how they felt about them.

Table 16
General Services - Satisfaction Levels - Under 5's Services

| Services | Very satisfied  | Satisfied  | Dissatisfied  | very dissatisfied  | Not used services |
|-------------------------------------|---|--|--|--|-------------------|
| Playgroups | 39 | 26 | - | - | 60 |
| Parent & Toddler Group | 44 | 45 | 1 | 1 | 34 |
| Community Groups e.g. Tea-Time Club | 7 | 10 | - | - | 108 |
| Nursery School (education) | 53 | 7 | - | - | 65 |
| Early Years Nursery | 18 | 6 | - | 1 | 100 |
| Private Day Nursery | 2 | 5 | - | - | 118 |
| Child Minder | 8 | 3 | 1 | - | 113 |
| Toy Library | 13 | 0 | 1 | - | 101 |
| Library | 26 | 19 | - | - | 80 |

| | | | | | |
|---------------------------------|------------------|------------------|----------------|---------------|-------------|
| Parks / Playgrounds | 19 | 44 | 28 | 6 | 27 |
| Sports / Leisure | 11 | 30 | 2 | - | 82 |
| Swimming / Bramley Baths | 26 | 46 | 6 | 1 | 46 |
| Other (please specify) | 7 | 1 | 1 | - | 113 |
| TOTALS | 273 (48%) | 250 (44%) | 40 (7%) | 9 (2%) | 1047 |

113. For under fives' services 92% of respondents were either *very satisfied* or *satisfied* with services. Nursery Schools had the highest satisfaction levels (about 88% users *very satisfied*). Satisfaction levels were lowest for *parks / playgrounds* with 35% users either *dissatisfied* or *very dissatisfied*. The proportion of respondents who were *very satisfied* compared with *satisfied* were lower for *Sports / Leisure*, *Parks / Playgrounds* and for *Swimming / Bramley Baths*.
114. The *other services* specified by respondents included Adult Education; Baby Massage courses run by Sure Start (2); Nature Reserve; Scallywags (2); Out of School Play Days; Play Gym; Special Needs Sitting Service; Specialised Doctor; Summerfield Nursery and Toddler Group.
115. Respondents were asked, if they were *very satisfied* or *satisfied* with services, to say what it was about the service that was most helpful.
116. A total of eighty-eight (88) positive comments were included where respondents were *very satisfied* or *satisfied* about services provided. These covered the full range of services provided locally. There were some sixteen positive references to Nursery schools, nursery classes and teachers and early years services. There were also sixteen positive references to Parent / Toddler Groups, Mums and Tots Groups or Play Groups. Thirteen respondents referred to the friendliness and helpfulness of staff. There were nine references to parents valuing services being accessible and available locally and providing support or advice. There were also six references to parents appreciating child-friendly or child-centred services that helped to promote children's development. There were also positive references to services provided by Sure Start, to enjoyment of parks and swimming baths and to services provided by a general practitioner.
117. Parents were asked to comment if they were *dissatisfied* or *very dissatisfied* with any of the services provided. Thirty-seven parents provided comments.

118. At least twenty of the comments referred to the state of the parks (in one instance a park outside the Bramley area was specifically mentioned). These included ten references to *broken glass*; five references to the parks being *not safe*; five references to *lack of cleanliness* - one specified that *"the park is in an appalling condition"*. There were four references to lack of equipment in parks and playgrounds and two references to parks being vandalised.
119. Five of the comments referred to the swimming baths. Three of these comments were that the water at Bramley Baths was too cold (for young children and babies). One respondent said that Bramley Pool was *"not geared to children - not safe"*. Another respondent said that *"adults shouldn't pay to take a toddler swimming"*.
120. Five comments were about professional services, or the lack of them. Three of the comments related to lack of support from midwives (one of the instances was three years ago). One respondent said that a health visitor was *"difficult to locate"*; another *"felt that Social Services were accusing me and judging"*. Another parent said that she had had *"no help for depression for nine years"*.
121. There were three general comments on child care issues. One referred to *"lack of toys, not in catalogue"*, a possible reference to the Toy Library. One reference was to parents needing *"updating, not enough for young ones"*. Another parent referred to lack of changing facilities for babies.

Children with Special Needs

122. Respondents were asked whether their child had special needs. Fourteen replied "yes". Respondents were asked to describe what kind of special needs their children had. Three respondents referred to *speech problems* or requirements for speech therapy. Three parents referred to *development delay*. One of these referred to *global development delay*; another referred to *"mental delay in all areas; still in nappies at age five"*. Two respondents referred to their children having *"kidney failure"*. One respondent referred to her child having *"lactose intolerance"*, and another referred to her child having an *"allergy - special diet"*. Other special needs referred to were *"cerebral palsy"* and *"diabetes and learning difficulties"*. A final respondent had a younger son born prematurely, *"on oxygen since age one, weak chest and lungs"*.

123. Respondents were asked what special needs support they received. Seven respondents referred to help from more than one source:

- *One-to-one with all nursing staff and outreach worker.*
- *Consultant, outreach team, physio, occupational physiotherapist.*
- *Diabetes special nurse / consultant. Family therapy.*
- *Nutrition advice; specialist doctor advice.*
- *Portage; speech therapy; social worker.*
- *Specialist health visitor; outreach nurse and speech therapist.*
- *Speech therapist and funding for school.*

124. Another parent responded: *One-to-one at school; needs babysitter; respite.*

125. Other respondents referred to a single source of help.

- *At the moment, child put on register and kept an eye on.*
- *Belmont House.*
- *Child sees a speech therapist.*
- *Home Start worker to help me with depression.*
- *Outreach Nurse from hospital. Can phone ward twenty-four hours a day.*

126. In answer to this question, one respondent answered "*not applicable*" and another answered "*none*".

127. Respondents were asked whether they were satisfied with the special needs support they were receiving. Answers from the fourteen parents are in **Table 15** below:

Table 15
Level of Satisfaction with Special Needs support received

| | Number |
|----------------|---------------|
| Dissatisfied | 2 |
| Satisfied | 1 |
| Very Satisfied | 11 |
| Total | 14 |

127. Most parents (11 out of 14) were *very satisfied* with the support they were receiving. Participants with children with special needs were asked what services would make a difference if they were dissatisfied with the support they were receiving. Two parents

requested additional support. One referred to *"mental health and school support services"*. The other requested *"more tests (to be) available in the public sector"*. A third respondent wrote that she would *"muddle along with the support available. Doing well"*.

Further information is provided about the circumstances and the views of participants of children with additional or special needs in **Appendix 5**.

Children's Play and Learning Opportunities

128. Respondents were asked whether they felt that their child (under 5) had good quality play and learning opportunities. Responses are set out in **Table 16** below:

Table 16
Do you feel your child has good quality play / learning opportunities?

| | Number | Percentage |
|--------------|---------------|-------------------|
| Yes | 119 | 95.2 |
| No | 4 | 3.2 |
| No Response | 2 | 1.6 |
| Total | 125 | 100.0 |

129. Over 95% of respondents answered yes to this question.
130. Respondents were asked what other play or early learning services they felt should be provided for their child. Thirty-one parents responded.
131. The largest number of requests (13 participants) were for improved indoor and outdoor facilities for under fives. Four respondents requested Play Gyms, including indoor play areas or afternoon and weekend clubs. There were three requests for soft play areas (to help in bad weather). One parent asked for a Jungle Gym. Another parent asked for a *"sensual tent / play area for babies at Mums and Tots"*. Three parents requested better facilities for outdoor play, including *"more places for younger ones to go without bigger children"*. One asked for separate areas in parks for under fives.
132. Other parents requested *"more activities and clubs"* ; *"different groups"* ; and *"more educational learning groups"*. Two parents requested more access to nursery provision. Another parent would have liked *"music and dance - no funding"*. Another

parent wanted swimming lessons to be "more affordable"; and another requested "swimming and pool experience". There was also a request for "more variety of leisure facilities". Another parent requested "outdoor play areas for under fours with safe equipment". One parent referred to Sure Start as "essential" and "Belmont House essential".

133. Five participants said that they were happy with the provision available. Their comments included the following:

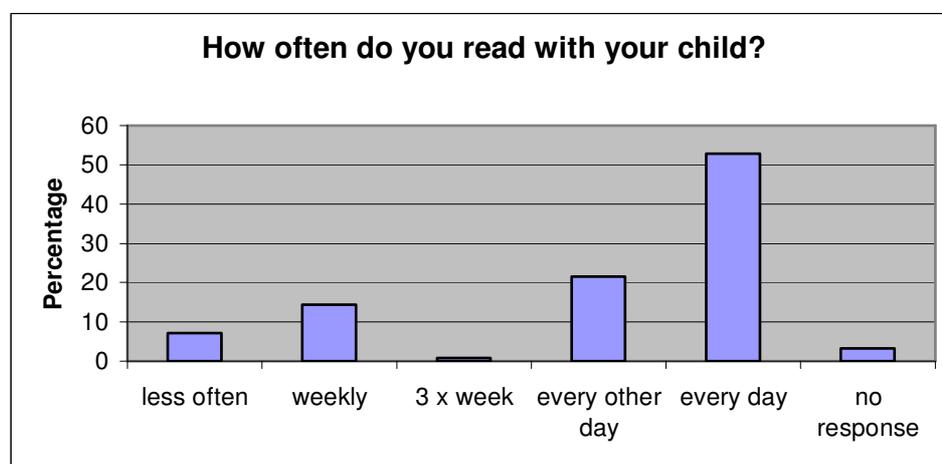
- *Am happy at the moment.*
- *Happy with what we are doing.*
- *Ones available are good enough.*
- *Quite happy with current nursery / play group.*

Participants were asked: How often do you read with your child?

134. Their replies are in **Table 17** below and are also illustrated in the bar chart below:

Table 17
How often do you read with your child?

| | Number | Percentage |
|------------------|---------------|-------------------|
| Less than weekly | 9 | 7.2 |
| Weekly | 18 | 14.4 |
| 3 times a week | 1 | .8 |
| Every other day | 27 | 21.6 |
| Every day | 66 | 52.8 |
| No response | 4 | 3.2 |
| Total | 125 | 100.0 |



More than half parents/carers said that they read to their children *every day* and nearly three-quarters said that they did so *every day* or *every other day*.

135. *Reading to children - further analysis*

Reading patterns were cross-tabulated by Family Type. The results are in **Table 18** below:

Table 18
Reading patterns analysed by family type

| Do you live with? | How often do you read with your child? | | | | | | Total |
|-------------------|--|-----------|----------------|-----------------|-----------|--------------|------------|
| | Less often | Weekly | 3 times a week | Every other day | Every day | Missing Data | |
| Partner | 6 | 11 | 1 | 20 | 48 | - | 86 |
| Adult Relatives | 1 | 1 | - | - | 6 | 1 | 8 |
| Other Adults | - | - | - | - | 2 | 1 | 2 |
| No-one else | 2 | 6 | - | 7 | 10 | 2 | 25 |
| TOTAL | 9 | 18 | 1 | 27 | 66 | 4 | 121 |

Comment

136. The proportion of parents with partners (68 out of 86), parents living *with adult relatives* (6 out of 8) and parents living with *no-one else* (17 out of 27) who read to their children either *every other day* or *every day*, are fairly similar. The proportion of parents *living with partner* (48 out of 86), and *adult relatives* (6 out of 8) who read to their child *every day* was higher than for parents living with *no-one else* (10 out of 25).

Participants were asked how they usually found out about services.

Answers are shown in the following graph and **Table 19** below:

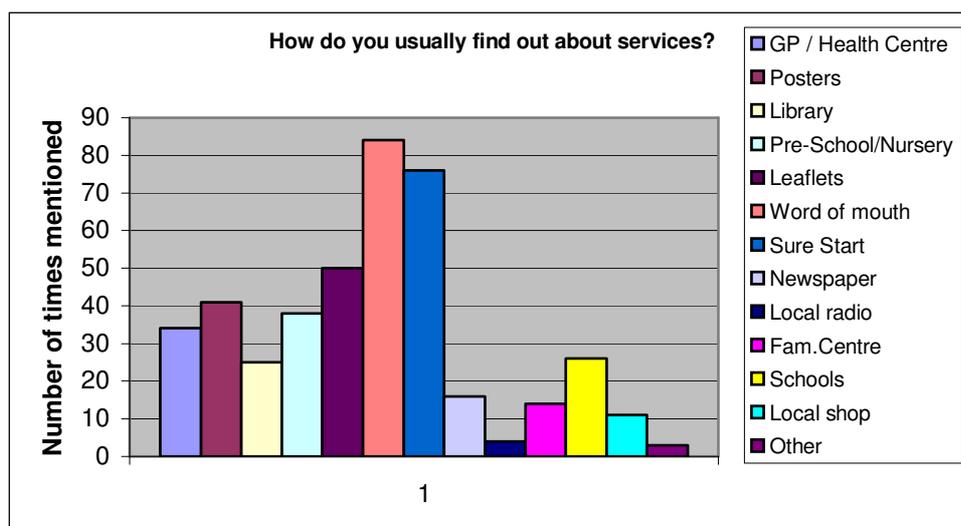


Table 19
How do you find out about services?

| Source of Information | | |
|-----------------------|---------------------------|------------|
| | Number of times mentioned | Percentage |
| GP / Health Centre | 34 | 8 |
| Posters | 41 | 9.7 |
| Library | 25 | 6 |
| Pre School / Nursery | 38 | 9 |
| Leaflets | 50 | 12 |
| Word of Mouth | 84 | 20 |
| Sure Start | 76 | 18 |
| Newspaper | 16 | 3.8 |
| Local Radio | 4 | 1 |
| Family Centre | 14 | 3.3 |
| Schools | 26 | 6 |
| Local Shops | 11 | 2.6 |
| Other | 3 | 0.7 |
| Total | 422 | 100 |

137. The source of information most frequently quoted was *word of mouth* (20%), followed by Sure Start (18%). Other sources of information quoted fairly frequently were *leaflets* (12%), *posters* (10%), *pre-school nursery* (9%), *GP / Health Centre* (8%), *schools* (6%) and *library* (6%).

138. Less frequently sources of information were *newspaper* (4%); *family centre* (3%); *local shops* (3%); and *local radio* (1%).

Questions about Sure Start Bramley

138. Participants were asked whether they had heard about Sure Start Bramley. Answers are in **Table 20 (a)** below:

Table 20 (a)
Have you heard about Sure Start Bramley?

| | Number | Percentage |
|--------------|---------------|-------------------|
| Yes | 120 | 96.0 |
| No | 2 | 1.6 |
| No response | 3 | 2.0 |
| Total | 125 | 100.0 |

A large majority (96%) of respondents replied that they had heard of Sure Start Bramley.

139. Participants were asked, if they answered yes, from where they had heard about Sure Start. Answers are in **Table 20 (b)** below:

Table 20 (b)
From where did you hear about Sure Start?

| | Number | Percentage |
|--|---------------|-------------------|
| Sure Start leaflet | 43 | 21 |
| Activities programme / newsletters | 26 | 13 |
| Library | 8 | 4 |
| Health Visitor / Social Worker / Sure Start Worker | 63 | 31 |
| Word of Mouth | 62 | 31 |
| No response | 2 | - |
| Total Respondents | 125 | 100.0 |

140. Most participants had heard about Sure Start Bramley either from agency workers or by word of mouth; leaflets and newsletters had also been useful.
141. Participants were asked whether they had had any contact with a Sure Start Worker in the past twelve months. Answers are in **Table 21** below:

Table 21
Have you (or your family) had any contact with a Sure Start Worker in the past twelve months?

| | Number | Percentage |
|--------------|------------|--------------|
| Yes | 76 | 60.8 |
| No | 30 | 24.0 |
| Not Sure | 15 | 12.0 |
| No Response | 4 | 3.8 |
| Total | 125 | 100.0 |

142. Three fifths of respondents had had contact with a Sure Start Worker in the last twelve months.
143. Participants were asked about how they felt about Sure Start services they had used. Their answers are in **Table 22** below:

Table 22
Levels of Satisfaction with Sure Start services

| Services | Very satisfied  | Satisfied  | Dissatisfied  | very dissatisfied  | No services received | No response |
|---|---|--|---|--|----------------------|-------------|
| Outreach Team | 29 | 13 | - | - | 3 | 80 |
| Sure Start Support Groups e.g. Teatime Club, Tuesday Tots | 38 | 17 | 1 | | 3 | 66 |
| Sure Start Community Activities | 36 | 18 | - | - | 3 | 68 |
| Parent Information Workers | 17 | 8 | 1 | 1 | 3 | 95 |
| Sure Start Play Workers / Creche Services | 37 | 14 | 1 | 1 | 3 | 69 |
| Total | 157 (68%) | 70 (30%) | 3 (1%) | 2 (1%) | 15 | 378 |

144. A large majority (98%) of participants were either *very satisfied* or *satisfied* with the services provided. For all these services twice as many participants were *very satisfied* compared with those who were *satisfied*. Highest satisfaction levels were for *Sure Start Play Workers / Creche Services*.

145. Parents were asked about their level of satisfaction with Services working in Partnership with Sure Start Bramley. Responses are set out in **Table 23** below:

Table 23
Level of Satisfaction with Services working in partnership with Sure Start

| Services | Very satisfied  | Satisfied  | Dissatisfied  | very dissatisfied  | No services received | No response |
|---|--|---|--|---|-----------------------------|--------------------|
| Home Start | 6 | 6 | 2 | - | 3 | 108 |
| PND Support Groups | 11 | 3 | - | - | 3 | 108 |
| West Leeds Family Services Unit / Home School Link Worker | 6 | 6 | - | - | 3 | 110 |
| Bramley Family Support (BFS) (Hough Lane) | 27 | 12 | 1 | 1 | 3 | 82 |
| BFS Toy Library | 14 | 10 | - | - | 3 | 98 |
| BFS Home Safety Equipment Scheme | 10 | 5 | - | - | 3 | 107 |
| BFS Helping Hands Creche | 17 | 7 | - | - | 3 | 98 |
| NSPCC Family Support | 8 | 4 | - | - | 3 | 110 |
| NSPCC Parenting Skills Programme | 5 | 4 | - | - | 3 | 113 |
| CACTISS (Church and Children together in Stanningley and Swinnow) | 14 | 4 | - | 1 | 3 | 103 |
| Rainbow Play Group | 19 | 5 | - | 1 | 3 | 97 |
| Sure Start Counselling Service | 10 | 6 | - | - | 3 | 106 |
| Speech and Language Therapy Service | 10 | 5 | - | - | - | 107 |
| West Leeds Family Learning | 18 | 7 | - | - | 3 | 97 |

| | | | | | | |
|----------------------------|------------------|-----------------|---------------|---------------|---|-----|
| Centre Courses | | | | | | |
| Other Services (specified) | 4 | 2 | - | - | 3 | 114 |
| Total | 179 (66%) | 86 (32%) | 3 (1%) | 4 (1%) | | |

146. A large majority (98%) of participants were either *very satisfied* or *satisfied* with Partnership services. Twice as many participants were *very satisfied* compared with those who were *satisfied* with these services overall. The ratio of *very satisfied* to *satisfied* was more than 3:1 for *PND Support Groups*, *CACTISS* and *Rainbow Play Group*.
147. Participants were asked to say why they were not using Sure Start Services, or services working in partnership with Sure Start, if this was the case. Their answers are summarised in **Table 24** below:

Table 24
Reasons for not using Sure Start or Sure Start Partnership Services

| | Frequency |
|---------------------------|------------------|
| Not heard about them | 26 |
| No need for them | 8 |
| Work commitments | 6 |
| Baby / children too young | 4 |
| Other | 8 |
| Total | 52 |

148. Fifty parents responded. Half of the Parents/Carers had not heard about these services. Other reasons given were that Parents/Carers had *no need for them*; or had *work commitments*; or that their *baby / children were too young*. The *other* reasons were: *just moved to the area* (2); *busy doing other things / lack of time* (2); *I just cope on my own* (1); *not promoted at my child's school* (1); *good park facilities needed* (1); *too expensive* (1).
149. Participants were asked whether they knew that services listed in Question 34 were funded or part-funded by Sure Start Bramley. Their replies are set out in **Table 25** below:

Table 25
Are you aware that these services are funded or part-funded by Sure Start Bramley?

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 70 | 56 |
| No | 50 | 40 |
| No response | 5 | 4 |
| Total | 125 | 100 |

Over half the parents were aware that these services were funded by Sure Start.

150. Participants were asked what other Sure Start services they would like to see. Twenty participants responded. Five of them referred to Play Group type activities: of these, one referred to *Play Gym / PM Club*; one referred to *Teatime Club*; two referred to *Play Groups*, one mentioning the *Rainbow Play Group*; and one referred to *partnership with Tumble Tots*. Three participants requested more outings or trips. Two parents requested *Art and Craft Clubs*. One requested *groups for people struggling with money*, and one requested *more advice on benefits and special needs*. Another two parents requested *more activities*. Other requests, each from one parent / carer were for: *Better equipment for Bramley Park*; *dancing class*; *karate*; *different days for activities*; *more appropriate times for child considering work activities*. One mother asked for *somewhere to take child to eat / breast-feed and information*.
151. Participants were asked whether they would be interested in hearing more about Sure Start Bramley. Answers are set out in **Table 26** below:

Table 26
Would you be interested in hearing more about Sure Start?

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 80 | 64.0 |
| No | 26 | 20.8 |
| No response | 19 | 15.2 |
| Total | 125 | 100.0 |

A majority of participants answered yes.

Questions about Smoking

152. Respondents were asked whether they smoked. Their answers are in **Table 27** below:

Table 27
Do you Smoke?

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 43 | 34.4 |
| No | 79 | 63.2 |
| No response | 3 | 2.4 |
| Total | 125 | 100.0 |

About a third of respondents said that they smoked.

153. Respondents were asked whether their partner smoked. Their replies are set out in **Table 28** below:

Table 28
Does your Partner Smoke?

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 35 | 28.0 |
| No | 49 | 39.2 |
| No response | 41 | 32.8 |
| Total | 125 | 100.0 |

Replies indicated that a rather smaller proportion of partners (male) smoked.

154. Respondents were asked whether they smoked before they found out they were last pregnant. Their replies are in **Table 29** below:

Table 29
Did you smoke before you found out that you were last pregnant?

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 45 | 36.0 |
| No | 13 | 10.4 |
| No response | 67 | 53.0 |
| Total | 125 | 100.0 |

Over a third of respondents said that they smoked before they found out that they were last pregnant.

155. Respondents were asked whether they gave up smoking completely at any time during their last pregnancy. Their answers are in **Table 30** below:

Table 30
Did you give up smoking completely at any time during your last pregnancy?

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 19 | 15.2 |
| No | 31 | 24.8 |
| No response | 75 | 60.0 |
| Total | 125 | 100.0 |

156. Respondents were asked, if they answered yes, when they gave up smoking. Their answers are in **Table 31** below:

Table 31
When did you give up smoking?

| | Frequency | Percentage |
|--|------------------|-------------------|
| As soon as you found you were pregnant | 16 | 12.8 |
| By six months | 3 | 2.4 |
| No response | 106 | 84.8 |
| Total | 125 | 100.0 |

Most participants who gave up smoking did so as soon as they found out that they were pregnant.

157. Respondents were asked whether they had started smoking again after the birth of their baby. Their answers are in **Table 32** below:

Table 32
Did you start smoking again after the birth of your baby?

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 24 | 19.2 |
| No | 10 | 8.0 |
| No response | 91 | 72.8 |
| Total | 125 | 100.0 |

More than two thirds of respondents said that they started smoking again after the birth of their baby.

158. Respondents were asked whether they had had any help stopping smoking. Their answers are in **Table 33** below:

Table 33

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 10 | 8.0 |
| No | 33 | 26.4 |
| No response | 82 | 74.2 |
| Total | 125 | 100.0 |

Less than a quarter of respondents had had help stopping smoking.

159. Respondents who had help stopping smoking were asked to say what help they had received.
160. Ten replies were received. One respondent said: *Haven't smoked for two years.* Three referred to help from their doctor. Two referred to *nicotine patches.* Other responses were: *Leeds Stop Smoking Helpline; smoking cessation;* and one respondent referred to *Sure Start Outreach Worker support and patches.*
161. Respondents were asked whether they would like help stopping smoking. Their answers are in **Table 34** below:

Table 34
Would you like help stopping smoking?

| | Frequency | Percentage |
|--------------|------------------|-------------------|
| Yes | 21 | 16.8 |
| No | 28 | 22.4 |
| No response | 76 | 60.8 |
| Total | 125 | 100.0 |

162. Twenty-one respondents (out of 32 who said they smoked) said that they would like help stopping smoking.

Further analysis

Cross-tabulation of smoking and family type

163. Respondents' answers to whether they smoked and whom they lived with were cross-tabulated. Results of the cross-tabulation are in **Table 35** below:

Table 35
Do you smoke? Do you and your child live with? Cross-tabulation

| Do you smoke? | Do you and your child live with? | | | | Total |
|---------------|----------------------------------|-----------------|--------------|-------------|------------|
| | Partner | Adult Relatives | Other Adults | No-one else | |
| Yes | 20 | 3 | | 20 | 43 |
| No | 66 | 5 | 2 | 6 | 79 |
| No response | | 1 | 1 | 1 | 3 |
| Total | 86 | 9 | 3 | 27 | 125 |

164. Less than a quarter (20 out of 86) of respondents living with *partner* smoked. Over two-thirds (20 out of 27) respondents living with *no-one else* smoked.

Cross-tabulation - smoking before last pregnant and family type

165. A cross-tabulation about whether respondents smoked before they found out they were last pregnant by family type was carried out. The result is in **Table 36** below:

Table 36
Smoking before last pregnancy by family type - cross-tabulation

| Did you smoke before you found out that you were last pregnant? | Do you and your child live with? | | | | Total |
|---|----------------------------------|-----------------|--------------|-------------|------------|
| | Partner | Adult Relatives | Other adults | No-one else | |
| Yes | 24 | 2 | | 19 | 45 |
| No | 10 | 1 | | 2 | 13 |
| No response | 51 | 6 | 3 | 6 | 66 |
| Total | 86 | 9 | 3 | 27 | 125 |

166. Just over a quarter (24 out of 86) respondents living with *partner* smoked before they found out they were last pregnant. Two-thirds (19 out of 27) respondents living with *no-one else* smoked before they were last pregnant.

Giving up smoking during pregnancy by family type: cross-tabulation

167. Responses to the question about whether participants gave up smoking during pregnancy were cross-tabulated by family type. Results are in **Table 37** below:

Table 37
Giving up smoking during pregnancy by family type: cross-tabulation

| Did you give up smoking completely during your last pregnancy? | Do you and your child live with? | | | | Total |
|--|----------------------------------|-----------------|--------------|-------------|------------|
| | Partner | Adult Relatives | Other adults | No-one else | |
| Yes | 10 | 2 | | 7 | 19 |
| No | 18 | 1 | | 12 | 31 |
| No response | 57 | 6 | 3 | 8 | 74 |
| Total | 86 | 9 | 3 | 27 | 124 |

168. Ten out of twenty-eight mothers living with *partner* gave up smoking during pregnancy. Seven out of nineteen mothers, a similar proportion, living with *no-one else* did so.

Starting smoking again after the birth of the baby

169. Results of this cross-tabulation indicate that twelve out of twenty mothers living with *partner* started smoking again after the birth of their baby, compared with ten out of twelve mothers living with *no-one else*, (a higher proportion). Results are in **Table 38** below:

Table 38
Starting smoking again after the birth of the baby by family type: cross-tabulation

| Did you start smoking again after the birth of your baby? | Do you and your child live with? | | | | Total |
|---|----------------------------------|-----------------|--------------|-------------|------------|
| | Partner | Adult Relatives | Other adults | No-one else | |
| Yes | 12 | 2 | | 10 | 24 |
| No | 8 | | | 2 | 10 |
| No response | 65 | 7 | 3 | 15 | 90 |
| Total | 86 | 9 | 3 | 27 | 124 |

170. A higher proportion of participants living with *no - one else* (10 out of 27, more than a third) than participants living with *partner* (12 out of 86, about one seventh) started smoking again after the birth of their baby.

Other Cross-tabulations

171. Other cross-tabulations between mothers who lived with *partner* and mothers who lived with *no-one else* were made.
172. Eleven mothers living with *partner* gave up smoking as soon as they found they were pregnant; none said that they gave up by six months. Four mothers living with *no-one else* gave up smoking as soon as they found they were pregnant; two said that they gave up by six months.
173. Seven mothers living with *partner* said that they had had help stopping smoking; eighteen said that they had not. The figures for mothers living with *no-one else* were three (who had help stopping smoking); and twelve who had not.
174. When asked whether they would like help stopping smoking eleven mothers living with a *partner* said *yes* and fourteen said *no*. Ten mothers living with *no-one else* said *yes*, they would like help stopping smoking, and nine said *no*.
175. Two mothers living with *adult relatives* said that they started smoking again after the birth of their baby while seven made no response. One of this group stopping smoking as soon as she found she was pregnant, and another one had given up smoking by six months. Out of this group of nine mothers (living with *adult relatives*) three said they had had no help stopping smoking and six made no response. When asked whether they would like help stopping smoking, five of this group said *no* and four made no response.

6. Discussion / Conclusions

Methodological Issues

176. The evaluators adopted a pragmatic approach to targeting the questionnaires, focusing efforts on those most likely to respond. Achieving the target figure owed much to the enthusiasm of the Outreach Team. The principle that staff did not administer the questionnaire to participants whom they had supported was an important one. An emphasis was placed on questionnaire completion by parents with children at nursery school and by parents with children with special / additional needs. Almost all the participants in the sample knew about Sure Start and many of them had had direct involvement. It is, therefore, likely that results are skewed towards the views of people who have been able to access services including Sure Start, and less representative of people with fewer contacts with local services.

The Repeat Survey

177. The Repeat Survey was smaller than the one in 2000, although more focused on parents with children under five. The proportion of participants with one child was much higher in the Repeat Survey than in 2000, and the proportion with two children was lower. There was evidence in the Repeat Survey of an upward trend in the use of pre-school services. The proportion of participants using *Parents and Toddlers* was up by over 30%, and use of *playgroups* had increased by 17.5%. The smaller proportion of participants expressing a wish for more *nursery provision* may be an indicator of needs being satisfied by expanded provision. The same proportion of participants wanted more *child care advice* in the Repeat Survey as in 2000, which could be an indicator of increased supply of child care services being linked to increasing demand.
178. The Repeat Survey seems to indicate that fewer participants were using *dentists*, which deserves further exploration. The Repeat Survey found increasing evidence of parents wishing for *opportunities to meet with other parents / carers*, and for groups *helping to prepare children for school*. Demand for *parenting groups* remained high.

Main Survey: Characteristics of Participants

179. Almost all the participants in the survey were mothers, and described themselves as *white UK*. Sixty per cent were in the 26-35 age group. Over two-thirds were living with a partner; more than one-fifth were living with *no-one else*. Most of the participants had either one or two children. Participants were mainly either *at home looking after children* or in *part-time employment*. A higher proportion of participants with *partners* were in employment than those living with *no-one else*. Participants with *partners* responded that almost all of the partners were in full-time employment.

Findings

180. Most participants had high satisfaction levels with services during pregnancy and the first five years of their children's lives. Satisfaction levels were highest in the first two months after the birth of the child. A minority of participants were dissatisfied with these services, some quoting lack of support from health professionals. A wide range of requests for additional family support services were aired.
181. Just over 40% of participants said that they had breast-fed their youngest child. No significant differences between the main age groups was found in relation to breast-feeding. A large majority of these had continued until their child was three months old. Satisfaction levels with support services were high.
182. One-third of participants said that they had experienced post-natal depression and a smaller group said that they were *not sure*. Participants gave detailed accounts of support received from local services, most referring to help from more than one agency, for example, both their GP and their health visitor. The number referring to help from family or friends was smaller. Those who had experienced post-natal depression had high satisfaction levels. While mothers from all family types experienced post-natal depression, those living with *no-one else* or with *adult relatives* appeared more vulnerable. Most of the participants who said that they were *not sure* were living with *partner*. Interestingly, the proportion of mothers aged under twenty-five experiencing post-natal depression was lower than for mothers aged twenty-five or over.

Satisfaction Levels

183. These were *high* or *very high* across all services including general health provision and under fives' services. A feature of the survey was that 88 participants made positive comments about services which they rated highly, covering the full range of local provision. There was much evidence of appreciation of nurseries and pre-school services. Satisfaction levels were lower for *parks / playgrounds* and for some aspects of *leisure provision* (e.g. swimming baths) and numbers of *dissatisfied* comments in these areas were fairly high.
184. Participants with children with special or additional needs expressed *very high* satisfaction levels with all local services and gave illustrations of effective and targeted support. Characteristics and needs of this group of parents have been analysed in detail (**Appendix 5**).
185. An important finding in the survey has been that almost all participants felt that their children had good *quality play / learning opportunities*. About a quarter of participants requested additional services, including improved indoor and outdoor facilities for under fives.
186. Nearly three-quarters of participants said that they read to their child *every day* or *every other day*, including parents with children with special or additional needs.
187. Participants found out about services from multiple sources, indicating the value of a diversity of advertising routes.
188. Virtually all participants had heard about Sure Start Bramley, either from local workers or publicity or by word of mouth. Well over half of participants had had contact with a Sure Start worker in the previous twelve months. Levels of satisfaction with Sure Start services, or with services funded by Sure Start were *very high*. Where parents were not using these services, this was mainly because they were not aware of them, indicating the importance of continued promotional activities. Most parents wanted to hear more information about Sure Start.
189. The proportion of mothers who took part in the survey who admitted that they *smoked* was higher than for partners. More than half of the mothers continued

smoking during their last pregnancy. Those who gave up smoking during pregnancy mostly did so as soon as they found they were pregnant; but they tended to start again after the birth of their child. Most of the participants who smoked had not had help stopping smoking. Two-fifths of them said that they would welcome such help.

190. A much higher proportion of participants living with *no-one else* compared with those living with *partner* smoked, although similar proportions from both family types tried to give up smoking during pregnancy. A higher proportion of mothers living with *no-one else* than mothers living with *partner* started smoking again after the birth of their baby. Parents living with *no - one else* were more likely to welcome help giving up smoking.



BRAMLEY

PRIZE DRAW

First Prize £100

Second Prize £50

Third Prize (2) £25

**WILL YOU HELP SURE START IN YOUR AREA BY
ANSWERING THIS QUESTIONNAIRE
WE NEED YOUR VIEWS ABOUT SERVICES**

If you would like to be entered into the PRIZE DRAW please fill in your details *overleaf* and return with your completed questionnaire

The Prize Draw will take place on Monday 1st December, 2003 and winners will be notified by post

The questionnaire is for people who live in the Sure Start Bramley area and who have children under 5 (please fill in once only!)

Please enter your exact post code here

Appendix 2

Extracts from four Evaluation Sub Group Meetings from July - November 2003

The following extracts record discussions about the development of the questionnaire and strategies for completion.

Meeting on 29.07.03

1. **Draft User Satisfaction Questionnaire**

This meeting was used to comment on the draft questionnaire developed by the Evaluation Team, Debbie Flintham and Nicky Nicholls. A number of amendments were made which are being included in the revised draft. It was **agreed** that Sure Start would attempt to try out the questionnaire on a small number of parents with children under 5.

2. MM had written to the Regional Sure Start Adviser, asking for comments on the draft questionnaire. A reply was received after the meeting. **Importantly, the questionnaire should be addressed to parents of children under 5, not children under 4.** Other amendments suggested by the Regional Sure Start Adviser have been included in the revised draft.

3. **Strategy for Completion**

This is three-pronged. Current users of services provided by Sure Start and by Sure Start's Partners will be invited to complete the questionnaire. **In order to reduce "interviewer effects" the meeting agreed that the questionnaire should be administered by staff not directly involved with service users.**

The second prong is to target hard-to-reach families via a postal questionnaire, followed up by face-to-face interviews. The plan here is for parents to be recruited to undertake the face-to-face interviews.

The third prong is to invite special interest groups to meet with the evaluators (plus others) to complete the questionnaire and to have a Focus Group discussion to include parents of children with disabilities, Homeless Families Unit and parents from minority ethnic groups.

4. ***A further meeting of the Evaluation Sub Group is to be held on Thursday 11th September at 3.30 p.m. at the NSPCC Offices in Stanningley Road to consider in more detail strategies to ensure completion of the questionnaire (minimum 100), including recruitment and training of parents.***

Meeting on 11.09.03

1. **Finalisation of Questionnaire.**

It was noted that 29 questionnaires had been completed on the Bridlington Trip on 26.08.03.

DF had drawn the NCRC's attention to a correction in the order of questions on page 12, on 5.09.03. The amendment has been made. MM brought some 135 questionnaires to the meeting - the new page 12 needs to be inserted.

2. **Strategy for completion of User Satisfaction Questionnaire**

Action

N C R C



Nationwide Children's Research Centre

Our ref: MM/apr/let5085

23rd September 2003

Ms Sue Scholey
Rainbows Pre School
c/o St Peters School
Hough Lane
LS13 3NE

**Brian Jackson House
New North Parade
Huddersfield
HD1 5JP**

**Telephone : 01484 223422
Fax : 01484 223498
Email - m.manby@hud.ac.uk**

Dear Sue

Sure Start Bramley: User Satisfaction Questionnaire

I am writing to ask for your help and advice with regard to the completion of a user satisfaction questionnaire for parents / carers with children under five.

Sure Start nationally require all Sure Start areas to undertake user satisfaction surveys within their areas at three-yearly intervals. A Children's Services Survey was completed by local parents in 1999. A new questionnaire covering parents' satisfaction with all the services in Bramley, and also covering Sure Start's own services, has now been developed, and includes a re-run of the 1999 survey. Colleagues from Sure Start Bramley have developed the questionnaire with the local evaluators (NCRC / University of Huddersfield). Our aim is to ensure that the questionnaire is completed by a broad cross-section of parents with children under five in Bramley, including both those using Sure Start services, and others who have not done so. The questionnaire is now being made available by ourselves as evaluators, and by Sure Start staff, to families with whom contact has been made.

I am writing to ask if you would be willing to help by making the questionnaire available to parents of children under five using your nursery. Parents / carers (with children under five) living in the Sure Start Bramley area are eligible to complete the questionnaire. You will see that they are also eligible to be included in a Prize Draw, to provide an incentive. Obviously, only one questionnaire can be completed for each family and it is probable that some parents using your nursery may have already completed a questionnaire via contact with Sure Start.

The results of the questionnaire will be analysed and the intention is to provide feedback for service providers and to contribute to the improvement of local services.

I enclose a copy of the questionnaire.

I would be most grateful if you would consider this and if I could make contact with you to discuss this further. I will be able to ensure that you have sufficient copies for parents using your nursery. If you felt able to co-operate with this initiative, we could discuss the most effective strategies for completion. One possibility would be for all parents to pick up a questionnaire and then to return this in a week or so.

I hope that it will be in order for me to ring through within the next few days to discuss this further.

I would be grateful if you could indicate how many questionnaires you would need.

With many thanks.

Yours sincerely

Martin Manby
Nationwide Children's Research Centre

cc. Brid Featherstone
(University of Huddersfield)

Kathy Shaw) Sure Start
Nicky Nichols) Bramley

Appendix 4

N C R C



Nationwide Children's Research Centre

Our ref: MM/apr/let5097

10th October 2003

**Brian Jackson House
New North Parade
Huddersfield
HD1 5JP**

**Telephone : 01484 223422
Fax : 01484 223498
Email - m.manby@hud.ac.uk**

To (*Name*)

(*Address*)

Dear

User Satisfaction Questionnaire

I am writing to ask for your help as the parent of a child with additional needs or special needs, in completing the attached User Satisfaction Questionnaire which is for parents / carers with children under five.

Sure Start nationally requires all Sure Start areas to undertake user satisfaction surveys within their areas at three-yearly intervals. A Children's Services Survey was completed by local parents in 1999. A new questionnaire covering parents' satisfaction with all the services in Bramley, and also covering Sure Start's own services, has now been developed, and includes a re-run of the 1999 survey. Colleagues from Sure Start Bramley have developed the questionnaire with the local evaluators (NCRC / University of Huddersfield). Our aim is to ensure that the questionnaire is completed by a broad cross-section of parents with children under five in Bramley, including both those using Sure Start services, and others who have not done so.

We are keen to ensure that the questionnaire is completed by parents with children with additional needs or special needs. We need to learn about your experiences of services and support and any contact you have had with Sure Start. The results of the questionnaire will be analysed and used to help make improvements.

I enclose a pre-paid envelope for return of the questionnaire and would be very appreciative if you could complete this.

Additionally, we would like to find out whether parents would be prepared to come to a meeting to share their experiences, both positive and negative. We would try to arrange the meeting at a convenient time. Alternatively, one of us would be available to visit you to discuss these issues with you.

Appendix 5

Parents / Carers with children with special / additional needs: further information

All thirteen parents / carers were female. All were the main carer of the child and all gave their ethnicity as white UK. Their age range is in **Table (i)** below:

Table (i)
Age range of parents / carers with special needs children

| Age range | 16-25 | 26-35 | 36-45 | 46-55 | Over 55 | Total |
|----------------------------|-------|-------|-------|-------|---------|-------|
| Number of parents / carers | 1 | 7 | 4 | 0 | 1 | 13 |

A higher proportion of the parents / carers in this small group were over 35 than in the total participants' group.

Numbers of children in these families are in **Table (ii)** below:

Table (ii)

| Number of Children | 1 | 2 | 3 | 4 | 5 | Total |
|--------------------|---|---|---|---|---|-------|
| Number of families | 1 | 5 | 4 | 1 | 2 | 13 |

A rather higher proportion of these families had three or more children

Family Type

Seven of the group said that they lived with *partner*; four said that they lived with *no-one else*; and two said that they lived with *adult relatives*.

Occupation

Six of the group were at *home / looking after children*; two were *retired*; one was *unemployed*; and one was doing *something else*. Three of them were in *employment*: one *full-time* and two *part-time*. One was in *full-time education*. Six said that their partner was in *full-time work*. Six said that they did not have a partner.

Support during and after pregnancy

Satisfaction levels with services provided during and after pregnancy are set out in **Table (iii)** below:



SURE START BRAMLEY

Evaluation Report - Year 4

April 2004 –June 2005

Prepared By

Nationwide Children's Research Centre / University of Huddersfield

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PREFACE

The local evaluators would again like to thank parents and staff at Sure Start Bramley and staff in partner agencies, and members of the Evaluation Steering Group, for their help in preparing the evaluation report for Sure Start Bramley, Year 4 (2004 - 2005). Once again, the help of the Outreach Team in collecting data for the file review and Paul Norton's contribution in inputting data onto SPSS are both gratefully acknowledged.

The evaluators would also like to thank Gill Donaldson and Nigel Wyatt for their contribution on the section on Cost Benefit Analysis; and Gill Donaldson for producing statistics on the use of the Sure Start Bramley Shop.

Many thanks also to Anne Robbins for producing the report and the tables and bar charts.

Brid Featherstone
University of Huddersfield

Martin Manby
Nationwide Children's Research Centre

August / September 2005

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1. Executive Summary

This evaluation report for Sure Start Bramley covers the period from April 2004 to June 2005.

The evaluation explored and makes recommendations in relation to the following:

A review of the management of Sure Start Bramley

- (i) This review explored the views of a sample of board members, staff and service providers on: structure, service quality, financial arrangements and staff development mechanisms. It found that there was a high degree of satisfaction with the operation of Sure Start Bramley and, in particular, with the restructuring which took place in January, 2005. There were areas of concern which related primarily to communication between management and staff, the handling of internal financial matters and the operation of the board. The difficulties in appointing a Play and Development Manager had impacted upon developing this team further, and on developing a strategic overview of this area of work.

File review of the workload of the outreach team

- (ii) This built on the exercise carried out in 2004. Of the 99 families worked with in 2004 / 05, 40 were two parent families and 59 were lone parents. These proportions were similar to 2004. Proportions in relation to ethnicity remained constant with 12% of the families identified as minority ethnic families. Self-referrals had increased slightly since 2004, but overall the pattern of referrals remained similar. The overall reasons for referrals remained similar except that numbers of referrals for accessing groups and child care declined markedly, which may be due to service delivery changes. The average length of contact had increased by one month, and is accounted for by changes in the proportion supported for up to one month and those for between one and two years. There were some changes in areas of work focussed upon and these may be related to changes in patterns of service delivery. For example, information giving is mentioned less frequently than in the previous exercise, which may be accounted for by the increased role taken on by Parent

Involvement Workers. Domestic violence is a less frequent focus of work and this may partly be explained by the termination of the Women's Group.

- (iii) Issues involved in engaging hard to reach groups were addressed with the staff and through an analysis of the file review and registration statistics. It would appear that Sure Start Bramley is succeeding in reaching a wide section of the population and has also developed specific initiatives in relation to particular groups such as those who are homeless.

Cost effectiveness

- (iv) Information was gathered and analysed in relation to contacts and home visits in Sure Start programmes, as well as Bramley Family Support Service and Home Start, CACTISS and NSPCC. Key findings were that enhanced quality of record keeping meant that a more accurate analysis was possible than in 2004. There was a reduction in unit costs for services provided by Sure Start Bramley. Bramley Family Support had achieved a clear increase in service levels and a marked reduction in unit costs. Unit costs for Home Start had also decreased.

Children's Centre / Use of Buildings

- (v) Interviews were held with a variety of staff including those funded by Sure Start and Early Years as well as agencies centrally involved in rolling out the Leeds Early Years Children's Centre Agenda. A meeting was held with parents at the Nursery. There were indications that Sure Start and the Nursery were operating with similar philosophies and in close co-operation. There had been insufficient co-ordination between Early Years and Sure Start Bramley in relation to the appointment and management of the Family Outreach Workers and there was evidence of conflicting philosophies and tensions between the service providers involved. Progress, including improving relationships with the local community, had been severely hampered by problems experienced by building contractors until April 2005 which delayed completion of the new Sure Start building until April 2005.

Sure Start Bramley: Shop

- (vi) This service was assessed in relation to costs, value for money and use by the public. Investment in the shop by other agencies and use of the shop by the public has been lower than anticipated. An accessible town centre based shop front facility has been an asset at a time when public access to Sure Start Bramley has been restricted. Unit costs are about the same as costs of contacts with other Sure Start services. The profile of those using the shop differs from that of those using other services such as the Outreach service - Shop users include fewer lone parents and members of ethnic minority communities.

- (vii) A programme of themed activities has recently been developed at the Shop, reinvigorating its function. Given that it has been decided that the lease for the Shop will not be extended beyond February 2006, and the new premises proposed will not be town centre based, careful scrutiny of patterns of service use are required to ensure that some of the advantages of a facility such as the shop are not lost.

Volunteer Scheme

- (viii) This aspect of the evaluation was intended to assess the progress of the scheme from its initial inception and included interviews with established and new volunteers as well as with the appropriate staff. The scheme has become established quickly and as the anticipated expansion continues, workload demands on management staff will increase. Volunteers expressed satisfaction with the training provided, and were already making valuable contributions to Sure Start groups, projects and new initiatives. Further discussion is needed about strategies to ensure their continuing support.

Recommendations

These are listed on page 67.

Evaluation priorities - 2005 / 06

- (ix) The evaluators' suggestion, for discussion with the Board and Programme Managers, are listed on page 70. These include: transitions to motherhood; a revised file review; ongoing overview of the Children's Centre agenda; further work on cost effectiveness and the progress of the volunteer scheme.

2. Introduction

The Three Year Evaluation Report produced in September 2004 contained recommendations that Sure Start Bramley should decide whether to commission further Cost Effectiveness research; and also that further monitoring of the development of Children's Centres, and a focus on managerial issues should be considered for inclusion in the Year 4 evaluation.

Plans for the evaluation for 2004 / 2005 were further considered at the Partnership Board meeting on 17.11.04. The evaluators' report to the meeting noted that a new Monitoring Officer was due to be appointed with responsibility for data entry and liaison with the Evaluation Team. The following areas were proposed and agreed for evaluation:

- (i) Evaluation of **SSB Shop**
This had been requested by the Programme Manager. An evaluation of the current use and staffing of the shop would be undertaken including a commentary on *Value For Money*.
- (ii) Development of **Children's Centre / use of buildings**
The development of the Children's Centre on the same site as the new Community Centre and Sure Start premises would be a key development for SSB over the next two years. Perceptions of parents about the role provided by the Children's Centre, and an analysis of parents' involvement in decision making would be included in the evaluation.
- (iii) Further work on **Cost Benefit Analysis** was recommended, including an analysis of costs of contacting Sure Start clients and an analysis of costs of group work support as well as individual support.
- (iv) It was also recommended that the **File Review** conducted in May / June 2004 had been useful and should be continued. This would involve updating the review for all files open in June 2004 (when the previous review was carried out) until May 2005.

(v) **Volunteer Scheme**

This was a new scheme which had been developed by SSB during 2004. It was agreed that some evaluation of the training for volunteers should be undertaken and an analysis of the work of volunteers to inform future development of the scheme.

(vi) **Transition to Motherhood**

The Three-Year Evaluation Review recommended that consideration could be given to developing a qualitative evaluation in Year 4 exploring with mothers what they understood by depression in the context of the transition to motherhood. This has been considered by the Evaluation Sub Group, taking account of the previous exposure of mothers involved in Post-Natal Depression Support Groups to research scrutiny. The Evaluation Sub Group has decided to extend the time scale for this evaluation.

(vii) The Board noted the proposal for the evaluation for Year 4 to focus on **Managerial issues** including accountability; management of change; supervision arrangements and terms and conditions. Following discussion with the Programme Manager it was agreed that it would be timely for this evaluation to be undertaken, following the restructuring of Sure Start Bramley early in 2005.

(viii) A number of other suggestions were made about the focus of the evaluation for Year 4. The Chair of the Board expressed interest in the support which mothers were able to give each other. One of the Directors inquired whether the evaluation could focus on needs assessment in the new extended area now included within Sure Start Bramley. A Parent Director who had moved to Bramley from Europe, commented very positively on her experience of being supported by Sure Start, her eventual successful integration into the community and her successful completion of courses facilitated by SSB. Another Parent Director noted that much information had been obtained from current Sure Start users, and requested that the next year's evaluation should focus also on hard-to-reach families.

- (ix) The Evaluation Sub Group firmed up the remit of the evaluation for Year 4 at its meeting on 25.01.05. This would include an assessment of progress made in accessing hard-to-reach families.

3. Review of the Management of Sure Start Bramley

Rationale

In the Three Year evaluation of Sure Start Bramley (2004) a number of participants indicated that a review of how SSB was managed would be of interest and had not, hitherto, been a feature of previous evaluations. Moreover, the restructuring in January 2005 appeared to offer an opportunity to assess the rationale for and the progress of such a restructuring. However, it is important to note that as this restructuring was still relatively recent and, moreover, not all management posts had been filled, this review could be considered premature.

However, the review appears to have provided a useful opportunity to engage a wide variety of management and non-management staff, service providers and board members (see below for a full list of those whose opinions were surveyed) in discussion of the following issues:

- Structure
- Service Quality
- Financial arrangements
- Staff development mechanisms

Methodology

An interview schedule was developed in consultation with members of the evaluation sub-group (see **Appendix 1** for this schedule). This formed the basis for interviews either in person or on the telephone with participants. One management group meeting was observed by both evaluators. A meeting was held with non-management staff members, using the interview schedule as a basis for discussion.

Research participants

Board members

Seven members of the board were interviewed by telephone. An adviser to the board was also interviewed. Two were parents and four were service providers.

Management

Two managers were interviewed in person and one by telephone

Service providers

Six service providers were interviewed by telephone

Non- management staff working for Sure Start Bramley

Ten staff representing all sections of the work force attended a meeting with both evaluators.

Findings

Structure

A new management structure had been put in place in January 2005. A key feature was that the post of deputy was discontinued and three line manager posts were created accountable to the Programme Manager. One of the posts (with responsibility for play and community development work) has, to date, remained unfilled.

Across the organisation there appeared to be a consensus about the purpose of restructuring. The aims had been: to equalise the distribution of supervisory responsibilities, ensure that individual managers had an appropriate balance between supervisory responsibilities and service delivery responsibilities, provide more support to the programme manager, and provide staff with appropriate specialist supervision.

There also appeared to be a consensus that the new system was meeting its aims and was a considerable improvement on previous arrangements. This view was also shared by a range of service providers. However, a range of staff expressed concern about the vacant play and development management post and there was a recognition that this had had a number of undesirable consequences. These included a sense that particular groups of workers had 'lost out' and that this area of

work needed sustained strategic attention. There was also evidence of some difficulties in relation to role transition for individual managers. Overall, there was also a recognition of the relative newness of the structure and the need for further 'bedding in'.

Awareness of role responsibilities and clarity in relation to these was high on the part of all those working for SSB and it appeared that the new management arrangements had contributed to and built on what was already perceived to be highly satisfactory in this regard.

However, it did become apparent that there were some reservations about the functioning of board meetings and the onerous nature of the responsibilities of board members. Board meetings deal with complex issues in relation to financing and legal responsibilities and the board had recently faced very difficult issues in relation to capital expenditure. It was felt that these issues had been dealt with very well and considerable satisfaction was expressed with the work of the management team in relation to this. However, there was some concern that meetings could be conducted in too 'casual' a manner at times, and that the roles and responsibilities of board members were not always recognised or spelt out fully. Also, there was continued frustration from a minority that parents were not as involved as they might be; and there was a view that a parent should chair the board and that more effort should be put into increasing parent representation generally. An important issue for some board members was the potential for a conflict of interests between their responsibilities towards their employing agency and their responsibilities to the board.

There appeared to be clarity in relation to lines of accountability within the organisation. The sub-groups were perceived to work well although an issue was raised about the difficulties of sustaining consistent parental involvement on some sub-groups.

Lines of communication between managers appeared good with managers generally meeting weekly. Communication from staff to managers was perceived to work well. However, there was some dissatisfaction with communication from managers to staff. Weekly cascading meetings had been introduced to ensure a regular flow of information, but these did not always happen. Staff expressed a desire for regular,

short information meetings. This was felt to be of particular importance in the current climate of insecurity in relation to Sure Start's future (see further discussion below).

Communication with regional Sure Start appeared to be satisfactory although there was a recognition that in the current climate of uncertainty, regional Sure Start staff were not always sure about what was going on. Links with national Sure Start seemed minimal.

All involved with Sure Start Bramley recognised that they were operating in a period of change. A key issue was uncertainty about future funding and, associated with this, job security. The move to local authority control and the ending of ring fencing were of concern. In particular, there was concern about what the focus of future work might be. For example, it was felt that outreach activities had become very well established and might be in jeopardy if funding arrangements were changed. Job security, overall, is clearly an issue for staff.

The issue of accommodation was raised repeatedly throughout the review. The move to new premises was being eagerly anticipated and the inadequacies of the current accommodation was frequently mentioned as an issue which had impacted upon many aspects of the organisation's functioning including communication. It was recognised by some respondents that it was important not to assume that the move would 'cure' all ills, but it was felt that the ability, for example, to hold meetings across SSB had been severely curtailed by the lack of adequate accommodation.

Service quality

The registration process in relation to users of the services was perceived to be working well and the form used was perceived to be more user-friendly. From a management point of view the information system used was also perceived to be working well, and more robust than before. The appointment of a member of staff expressly concerned with monitoring was perceived to have improved matters. SSB is, of course, reliant on a range of service providers to provide it with appropriate data. Health visitors play a key role in alerting families with new born babies to the existence of Sure Start and their improved staffing situation was perceived as of great importance.

All groups continue to be evaluated, but there was a view that a framework for assessing the quality of all work undertaken was required. Practice issues were discussed within the outreach team, but team meetings were less well established among play and development staff, and there was frustration about this. Staff meetings were purely for information sharing.

Service level agreements provided some structure for managers to address service issues, although it was felt by some of the service providers, subject to SLAs, that the process was focused on 'ticking boxes' rather than assessing service quality. SLA reviews did, however, provide an opportunity to discuss service improvements.

Non-management staff (i.e. Outreach Team, Play and Development Workers and Parent Involvement Workers) working in the community often preferred not to know about or be involved with SLAs, particularly when there were difficulties with some organisations. Non-management staff regretted that the practice of holding quarterly partnership meetings had ceased as it was felt they had made a positive contribution to improving communications within the Bramley area.

Some service providers felt in a particularly difficult position in the current climate as their particular roles were central to the new developments coming on stream in relation to Children's Centres. Often they knew as little or as much about what was going on as staff in SSB but there was, sometimes, a perception that they had additional knowledge.

Overall the feedback from service providers was excellent across a range of service areas and there was evidence of both consolidation in relation to existing work and innovation activity. There was particularly positive feedback in relation to how SSB now handled child protection issues. It was argued that considerable improvements were in evidence here in contrast to the early years and that a very good climate of co-operation had been established. Health providers also expressed a high degree of satisfaction with services provided by SSB as well as with the facilitative role it played in relation to wider developments in the area such as the Family Support Implementation Group. Work on education and employment related issues appeared to be going well.

Finance

There was a consensus among managers and board members that the financial decision making mechanisms worked well. There was clearly frustration in relation to the lack of clarity about future funding arrangements and the lack of information available from the local authority.

Non-management staff expressed concern that the outreach and play and development teams did not have their own budgets. These staff members did not attend the finance Sub Group and any proposals relating to finance were taken up by members of the management team. Some members of staff had no authority to spend any cash. Staff expressed criticism of the arrangements for accessing petty cash arguing that these arrangements were unnecessarily bureaucratic and cumbersome. Furthermore, staff had on occasion been asked to use their own cash or credit cards to purchase items for SSB and this was not felt to be acceptable.

The Parent Community Fund is still running. However, only organisations which are properly constituted with their own bank account could now apply for funds. It was felt that this had made it harder for new projects to obtain start-up funds.

Staff development

A training policy is in place although not all non-management staff were aware of this. Training was categorised as mandatory, essential or desirable. There was a lack of clarity among staff about the amount of money available for training and where to apply. It was felt that the outreach team were sometimes better informed about training opportunities than other members of staff.

Management staff seemed aware that information about training opportunities was not always available equally to all members of staff. For example, full-time staff could have an advantage over part-time staff.

A training co-ordinator is to be appointed who will have a specific brief in relation to assessing the training needs of parents, and organising for appropriate resources to be identified.

An interesting finding was the awareness among some service providers and board members of the importance of offering training and development opportunities to staff particularly in the current climate.

Supervision arrangements were generally viewed as sound and managers were perceived as accessible on both a formal and informal basis for advice. However, Parent Information Officers were in a slightly anomalous position. Whilst their line manager was the Administration Team Manager, aspects of their work were more akin to that of the members of the outreach team.

An appraisal system has been set up, but there seemed to be a lack of consistency about implementation arrangements.

Non-management staff were aware of the existence of the complaints procedures and of exit interviews. However, the management team was perceived by some staff to be a close knit group who worked and 'played' together and there was some concern among those staff about who to approach if they had a problem with their manager.

According to management staff it is possible for line managers to be changed if there is a problem between a particular staff member and his/her line manager.

Conclusion

Whilst there were areas of concern identified in this process, and these are the subject of recommendations outlined below, it is important to locate these within what was a very positive picture overall in many key respects. In particular the evaluators found a very strong appreciation of the hard work and leadership provided by the programme manager. This emerged particularly from board members, parents and service providers (clearly these are not absolutely discrete categories but respondents identified with particular roles or particular issues when making their observations here). The management team in general were perceived by the board to have handled the recent difficult and challenging issues in relation to capital expenditure well. Moreover, there was a consensus across the organisation that the current management structure was meeting the aims of the restructure. Furthermore the aims of this restructure had emerged from a sense that the previous supervisory arrangements, in particular, were unsatisfactory. Staff now, generally, have access to

appropriate support and the workload is shared more equitably among the managers. Furthermore, it is important to note how often a range of respondents felt that the management of Sure Start Bramley had improved in the last year or so.

Overall in the current climate of uncertainty it was remarkable how positively a range of respondents felt about how SSB was managed and how services were delivered delivering services. Again it is important to locate this within an understanding of the difficulties posed by accommodation issues.

There were some areas of concern ranging from administrative issues which could be rectified relatively easily in relation to the handling of petty cash to perhaps more difficult issues in relation to communication between management and staff. Moreover, there was a view that the responsibilities attached to being a board member were of such seriousness that meetings needed to reflect this more adequately and that the roles and responsibilities as well as potential conflict of interests of board members needed more acknowledgement.

Recommendations

- (i) Board members should set aside protected time to have a discussion about process issues and consider how ongoing meetings could incorporate space for members to discuss issues they feel are of concern (such as roles, responsibilities, and potential conflicts of interest).
- (ii) Information meetings between staff and managers should be frequent and should encompass regular discussions about funding and job security.
- (iii) More in depth meetings should be held at longer intervals. These should look at ongoing issues in relation to communication, internal financial systems such as team budgets and petty cash arrangements.
- (iv) The training needs of staff and the arrangements in relation to accessing training should be addressed in such meetings.
- (v) The appointment of the Play and Community Development Team Manager should be expedited.

4. Analysis of Outreach Team's Workload: File Review

This section describes the results of a File Review covering the period June 2004 - May 2005. Comparisons between data analysed in 2004 and this year's data are made.

Methods

The methods used were broadly similar to those for the File Review undertaken in 2004, which contributed to the Three-Year Report. The data sheet used in 2004 was slightly modified (see **Appendix 2**). This data sheet was completed for each case which was open during the period June 2004 until May 2005. Cases closed during that period were also analysed. The data analysis was undertaken by members of the Outreach Team in June / July 2005.

Data summaries were completed for ninety-nine (99) cases. This was a smaller group than those (212) analysed in 2004, which covered a three-year period. The content of the data summaries was then inputted onto an SPSS database and the results were analysed and compared with the findings produced in 2004. As last year, an estimate of the level of work undertaken, with reference to the Hardiker Grid (see **Appendix 3**) was included in the data summaries. This involved an assessment of whether the work undertaken by the Outreach Team was at the level, for example, of general family support, or of more focused intervention addressing issues such as child behaviour, parenting skills or other problems. This assessment was again carried out for all cases reviewed by one of the evaluators, to ensure a consistent and independent approach.

Members of the Outreach Team completed data summaries for their own files. This produced the required data, but was a less independent approach than having the files summarised by a third party. In this exercise families did not have an opportunity to comment themselves.

Out of the ninety-nine (99) families, forty (40) were two-parent families; and fifty-nine (59) were lone parents. Proportions are very similar to those of 2004.

Numbers of children in the families referred are shown for both data sets in **Table 1** below:

Table 1
Number of children under four

| Number of Children | 2002 - 04 | | 2004 - 05 | |
|--------------------|------------|------------|-----------|------------|
| | No. | % | No. | % |
| 0 | 1 | 1 | 7 | 7 |
| 1 | 146 | 74 | 68 | 69 |
| 2 | 46 | 23 | 23 | 24 |
| 3 | 5 | 2 | 0 | 0 |
| Missing | 13 | 1 | | |
| Total | 211 | 100 | 99 | 100 |

The total number of children in the families referred for both data sets are shown in **Table 2** below:

Table 2
Number of children in the families referred

| Number of Children | 2002 - 04 | | 2004 - 05 | |
|--------------------|------------|------------|-----------|------------|
| | No. | % | No. | % |
| 1 | 95 | 45 | 38 | 39 |
| 2 | 52 | 24 | 32 | 33 |
| 3 | 29 | 14 | 15 | 16 |
| 4 | 25 | 12 | 5 | 5 |
| 5 | 7 | 3 | 4 | 4 |
| 6 | 1 | 1 | 1 | 1 |
| 7 | 0 | 0 | 2 | 2 |
| 8 | 3 | 1 | 0 | 0 |
| Total | 212 | 100 | 97 | 100 |

Family patterns for children in both data sets for 2002 / 04, and for 2004 / 05, are similar.

The ethnicity of the families supported is described in **Table 3** below:

Table 3
Ethnicity / place of origin

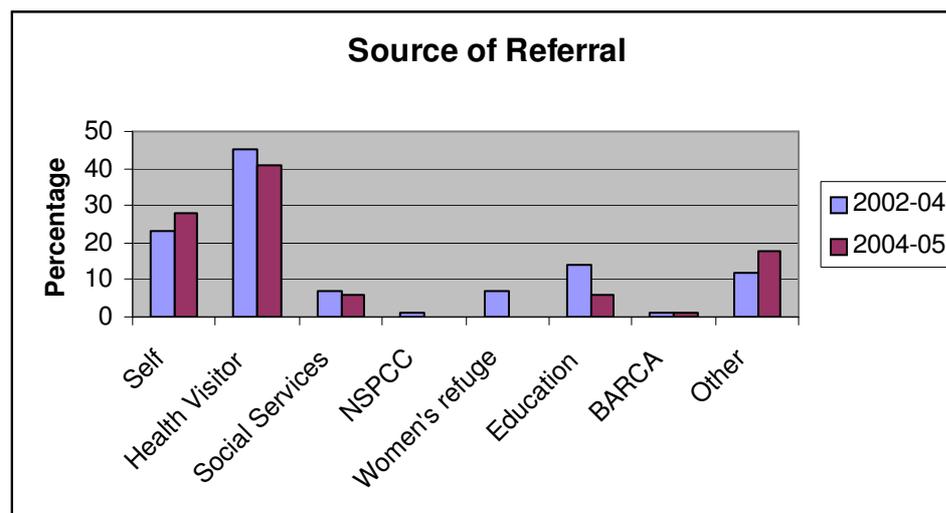
| Ethnicity / place of origin | 2002 - 04 | | 2004 - 05 | |
|-----------------------------|------------|------------|-----------|------------|
| | No. | % | No. | % |
| White British | 177 | 88 | 86 | 88 |
| Dual Heritage | 7 | 3 | 6 | 6 |
| African | 6 | 3 | 3 | 3 |
| European* (inc. Irish) | 6 | 3 | 1 | 1 |
| Asian | 1 | 1 | 2 | 2 |
| Middle East | 3 | 1 | 0 | 0 |
| Caribbean | 1 | 1 | 0 | 0 |
| Total | 201 | 100 | 98 | 100 |

The proportion of white British to other ethnic groups is similar in both data sets. Numbers of dual heritage families are higher in 2004 / 05.

The source of referral for the families supported is described for both data sets in **Table 4** and the bar chart below:

Table 4
Source of Referral

| Source of referral | 2002 - 04 | | 2004 - 05 | |
|--------------------|------------|------------|-----------|------------|
| | No. | % | No. | % |
| Self | 48 | 23 | 28 | 28 |
| Health Visitor | 94 | 45 | 40 | 41 |
| Social Services | 14 | 7 | 6 | 6 |
| NSPCC | 3 | 1 | 0 | 0 |
| Women's refuge | 14 | 7 | 0 | 0 |
| Education | 8 | 4 | 6 | 6 |
| BARCA | 2 | 1 | 1 | 1 |
| Other | 25 | 12 | 18 | 18 |
| Total | 208 | 100 | 99 | 100 |



The pattern of referral source is similar for both data sets. The proportion of self-referrals is slightly higher for 2004 / 05.

Main reasons for referral to SSB in 2004 / 05 are summarised in **Table 5** below:

Table 5
Reasons for referral

| Isolation | Depression | General support | Housing | New to area | Domestic violence | Parenting skills | Mental health | Child behaviour | Drugs | Child protection issues |
|-----------|------------|-----------------|---------|-------------|-------------------|------------------|---------------|-----------------|-------|-------------------------|
| 29 | 23 | 19 | 13 | 12 | 11 | 9 | 7 | 6 | 6 | 5 |

Other reasons for referral mentioned were *access groups, child care (4); information local services (4); financial or benefit issues (4); pregnancy (4); PND (3); health issues (3); alcohol (3); bereavement (3); young parent (3); and school attendance (3).*

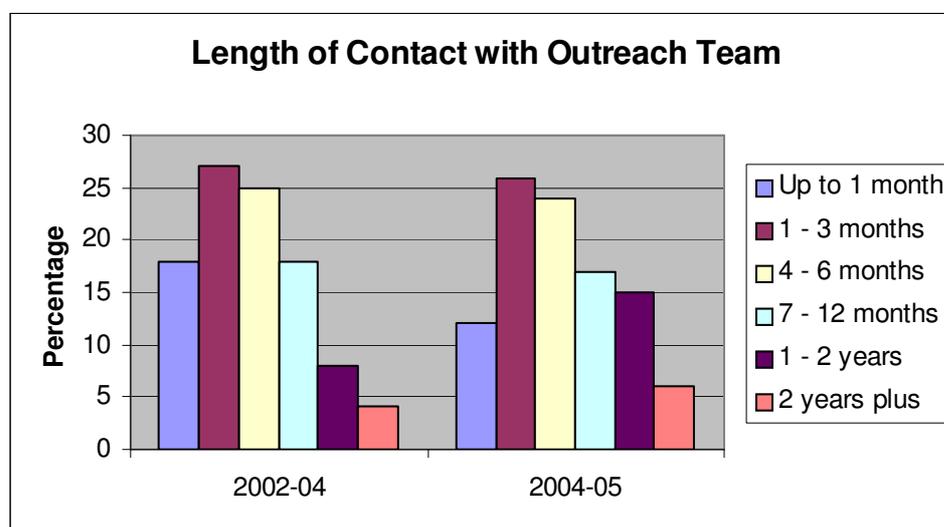
The overall pattern of referrals is fairly similar to 2002 / 04. A main difference is that numbers of referrals for accessing groups and child care declined markedly in 2004 / 05, possibly because more of this work was done by other staff.

The length of contact between families referred and the Outreach Team for 2004 / 05 is summarised in **Table 6** and in the bar chart below:

Table 6

Length of contact with Outreach Team

| Length of Contact | 2002 - 04 | | 2004 - 05 | |
|-------------------|------------|----|-----------|------------|
| | No. | % | No. | % |
| Up to 1 month | 35 | 18 | 11 | 12 |
| 1 - 3 months | 52 | 27 | 24 | 26 |
| 4 - 6 months | 48 | 25 | 22 | 24 |
| 7 - 12 months | 34 | 18 | 15 | 17 |
| 1 - 2 years | 16 | 8 | 14 | 15 |
| 2 years plus | 7 | 4 | 5 | 6 |
| Missing | 20 | | 8 | |
| Total | 212 | | 99 | 100 |



The average length of contact per family was 6.4 months. This was calculated by taking a mid-point for the five time intervals up to two years. Two years plus was calculated as 24 months. The average length of contact was about one month longer than for the previous data set. The difference is accounted for by a smaller proportion of families supported for up to one month, and a higher proportion of families supported for between one and two years.

The numbers of areas of work focused on for the two data sets are described in **Table 7** below:

Table 7

Numbers of areas of work focused on

| Number of Areas | 2002 - 04 | | 2004 - 05 | |
|-----------------|------------|------------|-----------|------------|
| | No. | % | No. | % |
| 0 | 4 | 2 | 9 | 9 |
| 1 | 26 | 24 | 18 | 19 |
| 2 | 38 | 20 | 17 | 17 |
| 3 | 38 | 20 | 30 | 30 |
| 4 | 46 | 24 | 12 | 12 |
| 5 | 18 | 9 | 9 | 9 |
| 6 | 7 | 4 | 1 | 1 |
| 7 | 5 | 3 | 2 | 2 |
| 8 | 3 | 1 | 1 | 1 |
| 9 | 1 | 1 | 0 | 0 |
| 10 | 2 | 1 | 0 | 0 |
| 11 | 0 | 0 | 0 | 0 |
| 12 | 0 | 0 | 0 | 0 |
| 13 | 1 | 1 | 0 | 0 |
| Missing | 33 | | 2 | |
| Total | 222 | 100 | 99 | 100 |

The numbers of areas of work focused on are similar for the two data sets. However, the proportion of cases where no specific area of work was identified was higher for 2004 / 05.

Further analysis of the numbers of cases in clustered areas of work, (by major categories) is included in **Appendix 3**

The main areas of work focused on are described in **Table 8** below:

Table 8

Main areas of work focused on

| General support | Housing | Access groups and services | Liaison | Financial help | Parenting skills | Child care / nursery | Isolation | Other mental health | Counseling | Depression |
|-----------------|---------|----------------------------|---------|----------------|------------------|----------------------|-----------|---------------------|------------|------------|
| 37 | 31 | 17 | 15 | 13 | 12 | 10 | 10 | 9 | 8 | 7 |

Depression was mentioned seven times. *Access SSB provision* was mentioned six times. Five areas of work were mentioned 5 times: *information, domestic violence, child behaviour, other support, and access Post Natal Depression group.*

Asylum and immigration were mentioned 4 times. *Referral to Counselling Service* and *access Speech and Language Services* were both mentioned 3 times. *Special needs* was mentioned twice.

In addition, *no access* was recorded for 5 cases.

There are similarities and some differences with the data set completed for 2002 / 04. *Housing, general support, accessing groups and services, financial help, and parenting skills* are all mentioned relatively frequently, as in 2002 / 04. The proportion of work focusing on *housing* and *liaison* had reduced somewhat. *Information* is mentioned less frequently than in 2004 / 04; this may be explained by the increased role in information providing which has been taken on by the Parent Involvement Workers in the past year.

Domestic violence was a less frequent focus for work in 2004 / 05 than in the earlier period. This may be partly explained by the termination of the Women's Group which focused on this area. However, *isolation, other mental health, depression* and *counselling* are mentioned more frequently than in 2002 / 04. *Counselling* is likely to suggest a period of more in-depth work between Outreach Team staff and service users. This group (of areas focused on) suggests that a higher proportion of the time of the Outreach Team is being allocated to working with service issues on areas of general well-being and confidence building.

Child protection / children in need

Table 9 below provides information on the number of cases in which child protection issues were identified for both data sets.

Table 9
Child Protection or neglect issues

| Child Protection issues | 2002 - 04 | | 2004 - 05 | |
|-------------------------|-----------|------------|-----------|------------|
| | No. | % | No. | % |
| Present | 38 | 23 | 9 | 9 |
| Absent | 127 | 77 | 90 | 92 |
| Total | | 100 | | 100 |

The proportion of cases where Child Protection issues were identified was smaller in 2004 / 05.

Information was also obtained for 2004 / 05 about *children in need* and *social worker involvement*. *Children in need* were identified in 12 out of the 99 cases. Social workers were involved in 18 out of 99 cases.

Access to Groups

The data summaries referred to eleven different types of groups used by parents. Also, parents had used four Parents' and Tots' Groups. Children were described as having used eleven groups and, in addition, reference was made to two Tots' Groups. In this area, less information is available than for the 2002 / 04 data set. It appears that the Outreach Team may have referred smaller numbers of parents and children to groups in 2004 / 05.

Reasons for ending involvement for the two data sets are included in **Table 10** below:

Table 10
Reasons for ending involvement

| Reasons for ending involvement | 2002 - 04 | | 2004 - 05 | |
|--------------------------------|-----------|------------|-----------|------------|
| | No. | % | No. | % |
| Moved away | 46 | 48 | 15 | 36 |
| Accessed appropriate services | 19 | 20 | 9 | 21 |
| Achieved independence | 12 | 12 | 7 | 17 |
| Children taken into care | 7 | 7 | 0 | 0 |
| Problems solved | 6 | 6 | 2 | 5 |
| No access | 6 | 6 | 9 | 21 |
| Total | 96 | 100 | 42 | 100 |

One difference between the two data sets is that a slightly higher proportion of families supported achieved independence in 2004 / 05. For 2004 / 05 *children taken into care* was not recorded as a reason for ending involvement in any cases. Both these findings are positive.

No access was the reason given for ending involvement in a higher proportion of cases in 2004 / 05.

Estimated level of work

An estimate of the level of work undertaken by the Outreach Team was made in 86 cases. In other cases the Outreach Team may have spent time providing information, and attempting to make contact with the family.

The assessed level of work (Hardiker Grid) is summarised in **Table 11** and the bar chart below:

The assessment was made on the basis of the data summaries provided, not on individual discussion with members of the Outreach Team.

Grading Scale

Levels of work in **Table 11** below have the following definitions:

Level 1: work has mainly involved liaison and signposting to both general and Sure Start services.

Level 1.5: the Worker has spent time supporting the family, with the main emphasis on signposting and liaison.

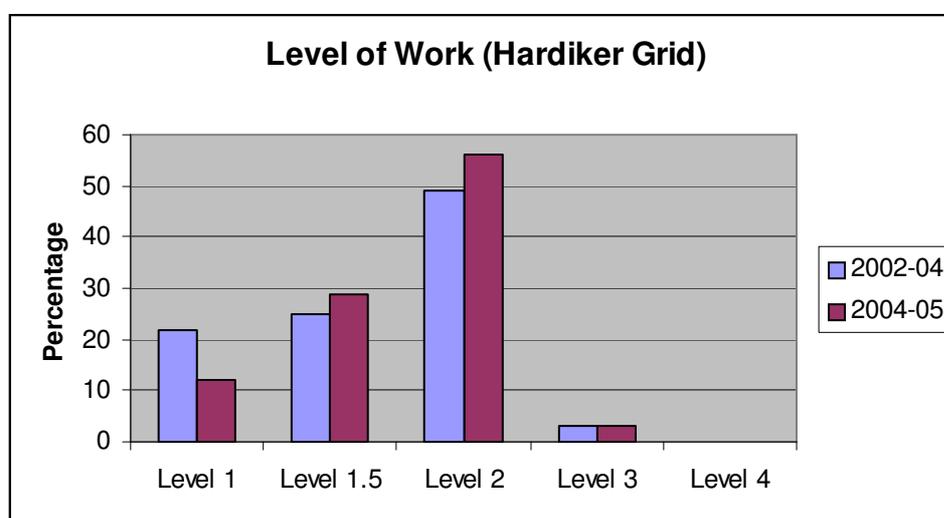
Level 2: clear evidence of time spent on supporting / counselling the family, as well as liaison and signposting activity.

Level 3: key worker role with children and families with complex needs requiring intervention.

Level 4: key worker role with children and families in crisis needing urgent and / or intensive intervention.

Table 11
Level of work (Hardiker Grid)

| Level of Work | 2002 - 04 | | 2004 - 05 | |
|---------------|------------|------------|-----------|------------|
| | No. | % | No. | % |
| Level 1 | 37 | 22 | 10 | 12 |
| Level 1.5 | 41 | 25 | 25 | 29 |
| Level 2 | 80 | 49 | 49 | 56 |
| Level 3 | 5 | 3 | 3 | 3 |
| Level 4 | 1 | 1 | 0 | 0 |
| Total | 164 | 100 | 86 | 100 |



The main differences between the level of work for 2004 / 05, and the previous data set for 2002 / 04 were that the proportion of Level 1 cases was lower in 2004 / 05; and the proportion of Level 1.5 and Level 2 cases in 2004 / 05 was somewhat higher.

There was, however, less information available in 2004/05 on many of the file review forms than in the previous exercise in 2004. This may be due to differences in data gathering in the two exercises. In the previous exercise one evaluator was based in the office for a number of days and discussed individual forms with workers as they were being completed. This may have led to forms which contained more detail and captured the depth and complexity of the work more fully.

Hard to reach families

The issue of whether Sure Start Bramley was engaging adequately with hard to reach families was raised at the management board meeting which discussed the Evaluation Report for 2004. A meeting was held between the evaluators and the outreach team to discuss this issue in April, 2005. The following groups were included within the definition of hard to reach:

- Transient, homeless and asylum-seeking families;
- Parents with children with special or additional needs;
- New arrivals, isolated families, minority ethnic groups and non-English speaking parents;
- Socially excluded or stigmatised families;
- Self-sufficient families (for example, those with both parents working) or families who don't need Sure Start

At the meeting with the outreach team a number of issues were raised. For example, some asylum seekers are at Hillside for a very short period of time which makes engagement difficult. SSB have attempted to run a Stay and Play session but this has been abandoned. In the summer of 2004 there was a well attended Refugee Day in which BARCA were involved.

At the Homelessness Unit at Mount Cross families stay for long periods. A Stay and Play session has been run there continuously and the parent information workers are involved with this. Other homeless families living with parents are involved with Sure Start in a variety of ways. Furthermore, young parents frequently live with their own parents. Debt counselling services are often needed. Health visitors often refer families living in hostels to Sure Start for equipment.

It was emphasised that the majority of fathers were in work in Bramley, although work with fathers continues and shows slow but steady progress.

It was felt by the team that that some Asian families living in the area were making a positive choice to remain within a largely white area.

It is important to note that, whilst work with minority ethnic families was previously seen as a specialist role for one worker, this work is now integrated within the work of the outreach team generally.

The shop was perceived by the team not to be accessible to many hard to reach families and the evaluation of the shop (see subsequent section) would suggest that it attracts a different profile of service users to that engaged with by the outreach team.

Some broad observations about both philosophy and practice were made in this discussion. For example, it was felt important that Sure Start was not seen to be harassing parents into engagement, and there was a recognition of the importance of respecting parents' wishes. Sometimes this was frustrating, for example, when workers felt they could provide a positive service which they felt was needed but parents refused. Another source of frustration was that workers often made persistent efforts to contact families without success. This could happen in cases involving self-referrals as well as those who were referred with less choice on their part (eg, child protection cases).

In relation to practice, it was noted that recording practices may underestimate the amount of work being done across the board with families in the Bramley area. For example, much of the signposting and initial contact work which Sure Start provides, for example in relation to maternity grants, is not recorded.

However, it is important to note that the number of families registered by late August 2005 was 711. Whilst approximately a tenth of those registrations relate to the 'new' areas now being covered by Sure Start Bramley, this number of registrations would indicate that extensive coverage of families in the area is being achieved. (Previous estimates of numbers of eligible families in the area suggested a figure of 900 approximately).

The above discussion in relation to hard to reach families can usefully be located within the findings of the national NESS evaluation of Sure Start programmes. Tunstill et al (2005) suggest that, of all the services Sure Start programmes deliver, outreach is fundamental to the engagement of the community. *'It can deliver a number of benefits, whether it is providing information or engaging hard- to- reach*

groups (2005, p, 164): Certainly it would appear that sustained outreach efforts are central to ensuring that a focus is kept in who is being reached and how.

Comment

It is important to note that what is included in the category of hard to reach as outlined above could be seen as very problematic, comprising those who are judged by professionals to be vulnerable; those who are unavailable because of work commitments; those who do not want Sure Start's support for positive reasons; and those who resist Sure Start with possibly negative implications for the welfare of their children. There is also a tension between the aims of reaching specific groups and providing a universal service

Conclusions

Evidence from the File Review indicates that the work of the Outreach Team in 2004 / 05 was appropriately targeted towards lone parents and, to a lesser extent, to families from minority ethnic groups.

In 2004 / 05 Health Visitors remained the largest referral agency. Self-referrals had increased somewhat compared with 2002 / 04. Fewer referrals were for information about local services. *Isolation, depression, general support, new to area, and domestic violence* were the reasons for referral in the largest number of cases. *General support* and *housing* were the areas of work focused upon in the largest number of cases, followed by *accessing groups and services, financial help, parenting skills* and *accessing child care / nursery*. The Outreach Team was also focusing on a constellation of issues related to the well-being of service users including (prevention of) *isolation, counselling, dealing with other mental health issues* and *dealing with depression*.

No single area was identified as a focus of work in nine cases in 2004 / 05, a finding which should be further explored. Work focused on a single area in eighteen cases, and on between two and five areas in sixty-eight cases.

In a small minority of cases (12) the Outreach Team's period of contact with families was up to one month. In these cases, and possibly in some others, the team probably experienced difficulty in engaging with the family. The average period of

contact for all the cases worked with was over six months, slightly longer than for the period 2002 / 04. The Outreach Team may again wish to review whether the current average period of contact is optimal, or whether a slightly shorter period should be aimed for.

The proportion of cases where child protection issues were identified was smaller in 2004 / 05 than in the earlier period. On the other hand, rather more children in need were identified (appropriate for Sure Start's preventative focus) and there was evidence of social worker involvement in more than a fifth of cases. These are all categories likely to be associated with higher levels of need. The assessment of the level of work undertaken using the Hardiker Grid suggests that slightly more of the work undertaken in 2004 / 05 was at Level 1.5 or Level 2.

The data analyses based on the File Reviews contained much less qualitative information in 2004 / 05 than in the earlier period. Data for 2002 / 04 provided much description from Outreach Team Workers about the range of activities in which they were involved, about child protection issues, and about outcomes for parents and children.

The File Review for 2002 / 04 highlighted the importance of ensuring that families are appropriately referred to Home Start (which is funded by Sure Start Bramley) where more intensive one-to-one support is required. Home Start has taken on a small number of additional families in 2004 / 05. Liaison between the Outreach Team and Home Start needs to be kept under active review.

Recommendations

- (vi) It is again recommended that Sure Start Bramley considers the findings of the File Review and implications for practice. Areas to focus on include exploring the potential for further enhancing self-referrals; and reviewing the optimal length and level of intensity of support provided to families and children. The issues involved in engaging hard to reach families should remain under scrutiny and be the subject of ongoing discussion.
- (vii) A repeat of the File Review in 2005 / 06 is again recommended: before this is undertaken, form completion should be reviewed to ensure enhanced

independence and opportunities for recording more assessment and qualitative data, making changes to the File Review form where needed.

- (viii) It is proposed that the evaluation for 2005/ 06 should continue the file review exercise, but that evaluation methodologies should be revised in order to ensure that there is a rich variety of data available. Outcomes and the experiences of families supported by Sure Start Bramley could be a focus of this period.

5. Cost Effectiveness

Cost effectiveness information was included in the Three-Year Report in 2004 for the first time. This section updates information on costs of contacts and home visits in Sure Start programmes. Costs are also included for Bramley Family Support Service and for Home Start Bramley. Comparisons are made with previous years. Information is included on two other services funded by Sure Start Bramley (CACTISS and NSPCC Services).

Background

Having made a start on analysing costs in 2004, managers in Sure Start Bramley wished for this to continue. They recognised that there were gaps in the recording of contacts with families for the year 2003 / 04. Their view was that the relatively high cost per contact for the Outreach Team in 2003 / 04 (£63.08 per contact) reflected gaps in record-keeping. (The higher the number of recorded contacts, the lower the unit cost).

Costs per contact with each service user have been the main unit cost used for this year's exercise. Contacts with both a parent (or parents) and a child (or children) are recorded, as was the case in 2003 / 04. This results in lower costs per contact. If the basis of recording was one contact per family, costs would be considerably higher.

Numbers of contacts for each service are recorded in a summary schedule which is reproduced as **Appendix 4**. Contacts with service users are recorded for services directly provided by Sure Start Bramley, and for other services funded by Sure Start Bramley through a Service Level Agreement, for example, Bramley Family Support, NSPCC, Home Start etc. This list does not differentiate between contacts with parents and children. However, this can be inferred for some services; for example Bramley Children's Centre Day Nursery is likely to be recording child contacts, whereas the NSPCC Parenting Skills Course is likely to be recording parent contacts.

Information is provided this year for the first time on unit costs for CACTISS (Church and Children Together in Stanningley and Swinnow) and for services provided by the NSPCC including home visiting, Parenting Skills Course and Post Natal Depression Drop-In.

The total number of contacts with service users for Sure Start Bramley listed in Appendix 1 is 8,247. This has been reduced to 7,952 by excluding events or services where there was no input by Sure Start staff. These are Carnival Day (107); Breast-feeding Group (72); Counselling (98); Mobile Library (26); Toy Bag Home Visits (72); York Train Trip (27).

Monthly contact figures vary widely for some services, notably Sure Start Bramley Home Visiting (lowest 66, highest 325) and Sure Start Bramley Outreach (lowest 0, highest 233), indicating variable levels of activity, and a wide variety of demands on the time of the Outreach Workers.

The Sure Start Bramley Drop-in is the SSB Shop, which is covered in a separate section of this report (**Section 7**).

Unit costs have been calculated on the same basis as in 2003 / 04. For Sure Start Bramley salary budgets, for example for the Outreach Team, have been enhanced by 20% to cover management costs including national insurance and superannuation; and a proportion of management, administration, finance, building and running costs. This year budget costs rather than actual costs have been used as the basis for calculation. For the services provided through a Service Level Agreement, the total funding provided by Sure Start Bramley has been used.

Costs of services provided by Sure Start Bramley are summarised in **Table 12** and **Table 13**.

Table 12
Costs of Services - Sure Start Bramley

| | | |
|----------------|---|---------|
| Year 2002 - 03 | Cost per contact for Outreach Team / home visiting (budget figure) | £60.44 |
| Year 2003 - 04 | Cost per contact for Outreach Team / home visiting (budget figure) | £63.08 |
| Year 2004 - 05 | Cost per contact for all Sure Start Family Support (F.S.) staff (Outreach, Parent Involvement Workers, Play and Development Workers) (figure based on Total Budget for F.S. staff (£23,0170) + 20% Management Costs (£45,990) = £276,160; and total contacts 7,952 (both parents and children). | £34.73 |
| Year 2004 - 05 | Cost per "home visit" (including telephone calls of minimum 10 minute duration). (figure based on budget figure of £172,730 for Outreach Team + management costs of £34,500 = £207,230; total "home visits" 2,820 = £73.49 x 65% (estimated proportion of Outreach time allocated to 1-1 support). | £47.77 |
| Year 2004 - 05 | Estimated cost of support to each family. (figure based on 111 families visited, average 16 times, i.e. £47.77 x 16). | £764.32 |

Table 13
Costs of Services - Bramley Family Support

| Year 2002 - 03 | | Cost per Contact |
|---|-------------------------|-------------------------|
| Children and parents seen 2748 | Budget £127,087 | £46.25 |
| Year 2003 - 04 | | |
| Children and parents seen 1891 | Budget £132,000 | £69.80 |
| Year 2004 - 05 | | |
| Children and parents seen 6285 | Budget £135,000 | £21.48 |
| Costs of Services - Home Start | | |
| Year 2002 - 03 | | |
| Children and parents seen 315 | Budget £24,330 | £77.23 |
| Year 2003 - 04 | | |
| Children and parents seen 326 | Budget £25,000 | £76.69 |
| Year 2004 - 05 | | |
| Children and parents seen (registered families) 432 | Budget £25,561 | £59.17 |
| (all families) 504 | " " | £50.72 |
| Costs of Services - CACTISS | | |
| Year 2004 - 05 | | |
| Children and parents seen 732 | Budget £21,628 | £29.55 |
| Costs of Services - NSPCC | | |
| Year 2004 - 05 | | |
| Children and parents seen 491 | Budget (Actual) £38,450 | £78.31 |

Comment

Sure Start Bramley

A cost per contact figure of £34.73 has been reached for all services directly provided by Sure Start Bramley, including the Outreach Team, Parent Involvement Workers and Play and Development Workers. Parent Involvement Workers and Play and Development Workers are likely to have contact with larger numbers of families, so their inclusion will tend to reduce average contact costs. Nonetheless, the reduction in costs per contact from £63.08 in 2003 / 04 to £34.73 in 2004 / 05 is encouraging. A significant factor has been the build up of contacts with parents and children through the Sure Start Shop in Bramley Shopping Centre. Parent Involvement Workers have had the major role in running the Shop. In Section 7 unit costs per contact at the Shop are calculated at £34.70.

As already noted, gaps in recording may have artificially inflated costs per contact in 2003 / 04. An expansion in service levels, through the provision of Parent and Toddler Groups (for example Stanningley Parents and Tots and Tuesday Tots) has been an important factor. Sure Start Bramley's boundaries were extended in 2004 / 05 and this has started to produce an increase in contact levels, for example the recently formed Whitecote Tots.

Costs of one-to-one support to individual families have been calculated for 2004 / 05 at £47.77. This includes 1,798 home visits by the Outreach Team and 1,022 other contacts with individual families, mainly telephone calls of at least ten minutes duration. One-to-one support has been estimated to comprise 65% of the Outreach Team's workload for 2004 / 05. In previous years members of the Outreach Team had calculated that half their time was spent on one-to-one support and half on group work. The focus of the work of the Outreach Team changed in 2004 / 05. The group work element directly provided by the Outreach Team reduced. Some groups, like the Women's Group, discontinued. Play and Development Workers and Parent Involvement Workers took on more responsibility for supporting groups and creches. For the last three months of the year a small group of volunteers were available and they were given responsibility for supporting existing and new groups (see Section 8). During 2005 / 06 the proportion of time spent by the Outreach Time on one-to-

one support is expected to rise further, as this type of support is frequently considered to make the best use of the team's skills.

Costs of supporting individual families, based on an average 16 visits per family at £47.77 per visit, are calculated as £764.32.

Bramley Family Support

As noted in the Year Three Report, all the services provided by Bramley Family Support (BFS) involve group programmes for young children / parents; and unit costs are likely to be lower for group programmes than for those involved in one-to-one support or home visits. BFS's unit costs rose substantially in 2003 / 04 as numbers at some Toddler Sessions reduced and new services such as the BFS Creche had only recently been established.

Levels of service provided by BFS have expanded remarkably during 2004 / 05. Numbers at the Helping Hands Creche, Story Time and at Toddler Sessions have been at very high levels throughout the year. Costs per contact have fallen dramatically to £21.52.

Home Start

Home Start is funded by Sure Start Bramley to provide an intensive visiting service to families with children under five. Their service is provided by volunteers trained to standards prescribed by Home-Start UK. Support visits tend to be longer than those provided by the Outreach Team. In 2003 / 04 Home Start's unit costs were £76.68, partly because the number of families regularly visited had fallen to approximately 10 by April 2004, a figure which was expected to rise as a further group of volunteers completed their training.

Two unit costs are provided for Home Start for 2004 / 05. The first figure of £59.17 is based on visits made to 18 families registered with Sure Start. Home Start calculated that the average number of families actually supported was 21, including approximately three families not registered with Sure Start; this produces a unit cost figure of £50.72 which is arguably a truer reflection of the value of the service. Home Start's policy is to encourage all families supported to seek registration.

The Bramley Home Start Co-ordinator has commented that there may be some (though not much) further scope to increase the numbers of families supported. Although local organisations tend to compete for volunteers, Home Start's training remains popular and there is a fairly steady stream of people seeking Home Start training. The Home Start Co-ordinator also commented that she has only recently begun to record contacts with families at her monthly sessions at the Sure Start Shop, and contacts with Sure Start volunteers whom she has trained in her monthly statistics.

Other Services

Unit costs for CACTISS are fairly low. Unit costs are higher for the NSPCC; the NSPCC's work can involve supporting families with complex needs.

Conclusion

Calculation of unit costs is dependent on accurate recording of contacts with service users. Gaps in recording meant that accurate calculation of unit costs was not possible in 2003 / 04, although a useful start was made. The quality of records of contacts with service users by Sure Start staff has improved considerably in 2004 / 05 - a most encouraging trend.

The overall volume of service provided by Sure Start Bramley has increased in 2004 / 05, with commensurate reductions in unit costs. Bramley Family Support should be commended for having achieved a remarkable increase in service levels, matched by reductions in unit costs. Unit costs for Home Start Bramley have reduced as numbers of volunteers and of families supported have increased.

For 2004 / 05, it has been possible to start to differentiate between the costs of individual and group support to parents and children. Unit costs have proved useful as a point of reference in reviewing Service Level Agreements. Unit cost data needs to be considered alongside outcome data in order to provide a more complete overview of the value of services provided.

Recommendation

- (ix) Sure Start Bramley is to be commended for improvements achieved in data recording. Work on unit costs should be sustained in future years to provide a basis for annual comparison. Unit cost data should be used alongside outcome data to provide a more holistic view of the value of services provided.

6. Children's Centre / Use of Buildings

Evidence for this section is drawn from interviews with Sure Start and Nursery-based staff. Telephone interviews with Leeds Early Years staff and Sure Start Board members, and from a meeting with parents at the Nursery.

In a note prepared by the Evaluation Team for the Partnership Board meeting on 17.11.04 the development of the Children's Centre on the same site as the new Community Centre and Sure Start premises was identified as a key development for Sure Start Bramley over the next two years, and it was agreed that this would be included in the evaluation for 2004 / 05. Perceptions of parents about the role provided by the Children's Centre, and parents' involvement in decision making would be included in the evaluation. The evaluation would also consider accountability issues, including the role of the Early Years Development and Child Care Partnership and communication between the Children's Centre, the Community Centre and the new Sure Start Office. The appointment of Family Outreach Workers based at Sure Start Bramley and in neighbouring Children's Centres was also included.

The Nursery building, developed and owned by Sure Start Bramley has been open since 2003 and the service is run (and Nursery staff are employed) by Leeds City Council (Early Years Service). The Nursery building is located on the edge of the Fairfield Estate and adjacent to, but slightly lower, than the Fairfield Community Centre. The new Sure Start building, which has been in construction since 2004, is located on the same site as the Community Centre. The new building had been due for completion by early in 2005. This had been delayed, and hand-over was eventually achieved in August 2005.

In addition to the areas identified at the start of the evaluation, issues which have emerged have been the accessibility of services provided to the community; the development of the concept of a Children's Centre including Sure Start and the delivery of services to families with young children; the integration of family support services provided by Sure Start; and the potential for delivering multi-agency services from the Sure Start site.

Nursery Developments

The Nursery is registered for fifty-two children. In December 2004 there were 44 children on the register with an average daily attendance of 32. Children are looked after in three groups, from 3 months - 2 years (up to 12); 2 - 3 years (up to 16); and 3 - 5 years (up to 24) children. Observations by the evaluators indicate that standards of child care provided are high. Numbers of children admitted have been constrained by staff vacancies. If the number of children reached 52, or close to that figure, the Nursery would be very crowded. The Nursery is a pre-fabricated building and space available, particularly for use by parents and for interviewing, is limited. Numbers of children actually attending the Nursery in April 2005 were about 35. A Family Outreach Worker had been appointed and interviews had been held for an Assistant Manager. Up to a third of families using the Nursery are from the Fairfield Estate. Although the catchment area for the Nursery extends as far as Armley and Pudsey, most of the families using the service are from Bramley.

The Nursery is currently situated about three-quarters of a mile away from the Sure Start Headquarters in Elder Road. Close contact is maintained between the Nursery and Sure Start staff. The Nursery Manager is in very frequent contact with the Sure Start Programme Manager. However, the two services have different lines of accountability (the Nursery Manager to Leeds Early Years Service, and Sure Start staff to the Sure Start Board), and separate management structures.

In December 2004 concerns were expressed both by the Nursery Manager and by Sure Start about the levels of vandalism attributed to young people directed at the Nursery, with reports of serious damage to the windows, the roof and the outside area. The Nursery Manager observed that local people felt that parents using the Centre were receiving an enhanced level of service; and that, by contrast, there was a lack of facilities on the estate as several agencies had moved away from the estate. There was speculation that young people causing damage to the Nursery had sometimes been excluded from school. Problems of vandalism diminished somewhat during the period of the evaluation. A security guard was appointed for the new building with good knowledge of the local area. A meeting took place involving the Nursery, Housing and the Police in February 2005, leading to the Fairfield Estate being targeted by the Police for five weeks and to a more pro-active approach generally by the Police towards working with young people. Police made

more contact with the Nursery during the subsequent period, although this had reduced by July 2005. Police were getting to know local children better, with positive results.

A member of the Sure Start Outreach Team had responsibility for day-to-day liaison with the Nursery. Her view was that parents on the Fairfield Estate felt disconnected from developments on the new site. By the end of 2004 the Fairfield Community Centre had been closed for several months, causing some resentment. Sure Start had had to move equipment out of the Centre, and projects including Parents and Toddlers, an Exercise Class and a Teatime Club had had to be moved away because of the poor quality environment. Sure Start had allocated £40,000 for refurbishment of the Community Centre. Sure Start Workers had themselves provided a Community Café at the Community Centre, but ownership needed to be with the community. The Fairfield Partnership had an overview of developments at the Community Centre. This included SSB, West Leeds Healthy Living Centre (developing courses), the BARCA Project (Youth Work), a Residents' Association and EYDCP, represented by the Nursery Manager. There were concerns that the Community Centre could be under-utilised and a Lottery Bid had been submitted to try to obtain funding for a community development worker to be employed. By the time of the writing of this report it was anticipated that completion of the refurbishment of the Community Centre ought to be achieved by the end of 2005. A new Play and Community Development Manager post had been established in January 2005 but it had not been possible to make an appointment by July 2005.

Throughout the period the Nursery Manager has been committed to improving contacts with the local community. She had plans for developing a Community Garden at the Nursery - (although she was aware that local young people had shown more interest in having access to a Skateboard Park). The Nursery Manager was also involved in planning with Sure Start for community involvement in the new Sure Start building. Plans included courses in Maths and English; a Community Café and Laundry; Infant Massage; Aromatherapy and Pottery. These plans had had to be put on hold because of delays in completion of the new building which reached a crisis point in the Spring when the contractors nearly went bankrupt. Sure Start Management had to give first priority to bringing in new building contractors capable of completing the new build and refurbishment in a reasonable timescale. In this, they were successful.

Since early in 2004 the Sure Start Shop (see separate section of this report) had provided the only point of access for local parents. The Sure Start Elder Road building, which housed all the Sure Start staff, had no reception facilities, interview rooms or meeting rooms for local families. Improvements in access to Sure Start had to be delayed until completion of the new Sure Start building.

Parental Involvement

The expectation of the Early Years Service in Leeds was that all Children's Centres should move towards developing Management Boards with strong community links. The Early Years Service was aware of, and keen to adopt the Sure Start model having equal numbers of parent-directors and professionals. Although guidelines had not yet been written, the intention was that parents should eventually have substantial influence on investment issues and on key decisions such as staff appointments. Plans included devolved budgets for Children's Centres.

The Nursery Manager at Bramley believed strongly in involving parents in running the Nursery and she had encouraged the development of a Parents' Committee. So far (up to July 2005) three parents had become involved. One of them had been recruited as a parent member of the Sure Start Bramley Board. All the parents had found the Nursery welcoming and encouraging and they had been involved in fundraising and choosing equipment. Another parent had been involved in interviews at the Nursery for an Assistant Manager and also for a Counsellor. A third parent had been supported by Social Services (about whom she spoke highly) for several years, and she was pleased that she now had an opportunity to "*put something back*" into the running of the Nursery. The three parents, who met one of the evaluators in April 2005, spoke highly of the support received from the Nursery Manager. They had had positive experiences of Sure Start as well as at the Nursery. The Sure Start parent-director had written an account of support she had experienced from Sure Start, and the Nursery had reinforced her positive view of local services. These parents described a seamless and well-integrated service. The Nursery Manager's main concern was that it had proved difficult to engage other parents so far. There were indications already that the Sure Start philosophy of involving parents had carried over to the Nursery. The Sure Start Manager commended the development of parents' involvement in the Nursery in spite of the lack of meeting room facilities. Parents supported by Sure Start could rely on a welcome at the Nursery.

Opportunities for parental involvement in Sure Start would be enhanced when the new building opened.

Children's Centre Concepts

The Early Years Service planned that twenty-three Children's Centres would be open in Leeds by the end of 2006, and seventy by 2010. Children's Centres were expected to provide a universal service and a wide choice for the community. Leeds City Council policy was that child-care places were allocated to parents on training courses or in employment, but were also available for children with special needs or for children referred by Social Services. Self-referral was strongly encouraged. Children's Centres should provide a hub of child-care and family support activity, with outreach into the community, for example supporting child-minders. Children's Centre developments were supplemented by an expansive training programme for both staff and parents.

Understandably, the Sure Start Manager had experienced some frustration about the delay in the hand-over of the new Sure Start building. Her philosophy was to encourage shared community use of the new building. Sure Start and Nursery staff would be able to join together for training when the new building was available and a number of courses had already been planned for both staff and parents. The Nursery Manager would have access to the new building and would be able to access a number of family support services located in the new building. The Nursery Manager had plans also for Health Visitors and GPs to use the building, as well as for involving the Lone Parent Adviser and for introducing Job Centre facilities with on-line access to benefits and jobs for parents. The potential for shared community use would be further enhanced when the refurbished Community Centre was ready for hand-over later in the year.

Family Outreach Workers

Government expectations were that a Family Support Service should be provided at each Children's Centre both for families using child-care services and also for other families with children under five. By May 2005 Leeds Early Years had appointed a dozen Family Outreach Workers attached to Children's Centres across the city and there were plans for a further tranche of appointments over the summer. These posts are accountable to the Early Years Service within Leeds Learning and Leisure

Department. The job description for these posts is attached as an appendix to this report. This states that the purpose of the job is *"to develop positive, respectful and responsive relationships with parents and carers, and enable children to have the best start in life. To work alongside parents, and in an outreach capacity in the home or other centres where parents and children meet. The Family Worker will identify need in the community and co-ordinate, signpost and contribute towards the delivery of services"*. Job responsibilities include home visiting and supporting and encouraging parents *"to access the range of services for families with young children in the locality"*. Family Outreach Workers are expected to work *"in an outreach capacity, sometimes working door to door and maintaining a regular presence at the various community meeting places including Post Office queues, Baby Clinic etc."* Promotion of communication, language and literacy for some children is highlighted. The posts are expected to work in close liaison with Sure Start, a point which was emphasised by senior Early Years staff.

Two Family Outreach Workers were appointed in Bramley, one located at the Sure Start Nursery (from March 2005) and another located at West Leeds Family Resource Centre, and assigned to the new Holly Bush Children's Centre. After the Family Outreach Workers had been in post for some weeks, a week's induction was provided by the Family Outreach Development Manager based at Seacroft Sure Start. Training provided was influenced by the Outreach model of work which had been developed by Seacroft Sure Start over the previous five years. This model emphasised providing information to parents to enable them to access local resources; this was preferred to a service based on referring families to services following an assessment of needs. Training also included sessions on child protection, domestic violence, group work and one-to-one work. The Family Outreach Workers continued to attend weekly half-day training sessions after their induction.

The Family Outreach Workers are accountable to Leeds Early Years Service (Family Outreach Development Manager), with day to day support from their site manager. Proposals were made for supervision to be undertaken jointly by site managers (in the case of the Family Outreach Worker at Bramley Nursery, this was the Nursery Manager) and by the Outreach Team Manager at Sure Start Bramley, although these had not been fully implemented at the time this report was written. Additionally, there was an expectation that Sure Start Managers would have responsibility for "hosting" Family Outreach Workers in their expanded geographical areas. The Sure Start

Bramley Manager had this kind of responsibility for four Family Outreach Workers by July 2005, although this had not been a high priority.

Leeds Early Years graded the Family Outreach posts on Scale 4 / 6: minimum requirements were one year's experience in a community-based project or a relevant qualification.

For the Family Outreach Worker based at Bramley Nursery, this was her first post; she was a graduate with experience of a local community project, After School and Play Schemes. The Worker based at Holly Bush had had experience in a Primary Care Trust, as a librarian, and as a foster parent. Both understood that they were expected to work in accordance with the Seacroft Outreach principles using a preventative and empowering (parent-led) model, in accordance with the *Every Child Matters* framework. They had been advised that their work should be with families within a half-mile radius of their Children's Centre. The Workers had established links with local agencies including schools and had agreed to work together with a small number of families offering befriending to parents and support with demanding children. Family Outreach Workers were expected to work closely with Sure Start, although it was not a requirement for them that families had to have a child under four. When the evaluator met the Workers in June 2005 they felt frustrated that they had not been able to establish a working relationship with Sure Start Bramley: they had not been invited to team meetings and considered that their role and contribution was not acknowledged by Sure Start. The Family Outreach Workers had asked to be issued with Sure Start fleeces, a request which underlined their wish to be identified with Sure Start, but this had not been agreed.

The Leeds Family Outreach Development Manager commented shortly afterwards that the first priority had been to concentrate on making appointments and providing induction training. The intention was for Family Outreach Workers to work closely with Sure Start while recognising that roles would develop differently across the city as Children's Centres became established. Her view was that there was positive potential to achieve an integrated service between Sure Start in Bramley.

The Nursery Manager had had concerns about the Family Outreach Workers' model of accountability since they had been appointed, and would have preferred closer integration within Sure Start Bramley.

The Sure Start Programme Manager has acknowledged problems which have become apparent in the role and accountability of the Family Outreach Workers. She considered that the Seacroft Outreach model should not have been endorsed by Early Years, and that it was not well suited to the needs of Bramley. Tensions had arisen related to the different contractual positions of the Family Outreach Workers (permanent post) and the Sure Start Outreach team, and also because of the relative inexperience of the FOW's. Both the Programme Manager and the Outreach Team Manager were aware that these issues needed attention, and they were hopeful that progress would be made following the move to the new building.

By August 2005, the evaluators were informed that the Family Outreach Worker located at the Bramley Nursery had given notice of her intention to leave the service.

A member of the Sure Start Board, who had professional responsibilities for a voluntary sector City-wide Family Support Service, considered that the appointment of the Family Outreach Workers had not been well thought out by the Early Years Service. The Seacroft model emphasising the provision of universal services which had been adopted city-wide, had many strengths, but did not recognise that some families had complex needs and required more intensive support. Imposing a single service model on all the Children's Centres had been controversial: local services needed to reflect local needs.

Comment

Further progress is required to fully implement new expectations in relation to Children's Centre developments. Encouragingly, both Sure Start and Bramley Nursery have adopted principles of fully involving parents in service development. There would appear to be scope for aligning the management structures of Bramley Nursery and Sure Start, as a step towards implementation of an integrated Children's Centre. This would require consultation with Leeds Early Years Service. There has been insufficient co-ordination between Leeds Early Years and Sure Start Bramley in the appointment and management of the Family Outreach Workers, and there is evidence of conflicting philosophies and tension between the service providers involved. Overall progress, including improving relationships with the local community, has been hampered by the delay in completion of the new Sure Start building and refurbishment of the Community Centre. Progress towards the next

phase of implementation of the Children's Centre should be accelerated from August 2005.

Recommendations

- (x) Sure Start Bramley should discuss with Leeds Early Years Service the potential for closer alignment of the management structures of local Children's Centres (including Bramley Nursery) and Sure Start Bramley with a view to eventual integration.
- (xi) Sure Start Bramley should discuss the management and supervision of Family Outreach Workers with Leeds Early Years Services to ensure that conflicts are resolved, and that Family Support Services in both structures are fully integrated so that optimal service levels are provided to the public.
- (xii) As already noted (Management Section) Sure Start Bramley should expedite the appointment of the Play and Community Development Manager.

7. Sure Start Bramley Shop

Methodology

Background information was obtained from the Sure Start Administrator and from the Manager of the Outreach Team. Information about costs and use of the Shop by parents and children and by other agencies was also provided. One of the evaluators visited the Shop and met two of the staff most involved. A meeting of the Evaluation Sub Group was also held in the Shop. The Evaluation Team were asked to comment on Value for Money of the services provided at the Shop.

Background Information

The idea of obtaining shop front premises in Bramley was mooted in 2001 / 02 when Sure Start Bramley was based partly in the NSPCC Headquarters in Stanningley Road, and the Outreach Team was based in a small room at Bramley Family Support in Hough Lane. Public access to Sure Start in both these buildings was extremely limited. The impetus for obtaining the shop was for Sure Start to have town centre premises which would be readily accessible to the public. The original concept was for the shop front to be shared by a range of other agencies including Housing, Health Visitors, NSPCC, Midwives and Community Police. All Sure Start Bramley staff moved to Elder Road early in 2003. No public access was available at Elder Road. During 2003 plans were developed for Sure Start Bramley to move to new purpose built premises, which would include public access, on a site to be shared with the Fairfield Community Centre and adjacent to the Sure Start Nursery.

The lease for what was to become the SSB Shop was obtained in March 2003. The facilities included a ground floor shop, including a basement, with public access near to the middle of Bramley Shopping Centre. Adaptations were not carried out until much later in 2003 and the Shop came into service in February 2004. The SSB Administrator calculated that by January 2005 over £83,000 had been spent on the Shop, including rent and service charges to the end of June 2005. Refurbishments cost about £14,500. The annual lease was £17,000 per annum. The SSB Administrator calculated that full year costs for the running of the Shop were

approximately £25,000 including the lease, service charges, telephone, internet, rates and insurance. Costs of staff time are on top of this amount.

The Shop has been open for 10 hours per week since February 2004. The service is described as *Sure Start Bramley Advice and Drop In Centre*. An advertisement for the service which has been widely distributed in Bramley reads as follows:



Bramley

The Sure Start Bramley Advice and Drop In Centre is now open at No. 9 Bramley Shopping Centre. The opening times are:

| | |
|------------|-----------------------|
| Monday: | 10.00 am - 12.00 noon |
| Tuesday: | 10.00 am - 12.00 noon |
| Wednesday: | 1.00 pm - 3.00 pm |
| Thursday: | 1.30 pm - 3.00 pm |
| Friday: | 10.00 am - 12.00 noon |

This is a local information centre for parents with children under 4 years, so please call in and see what we have to offer. We also run a library service for under 4's at the centre, and have books for parents too!

We look forward to seeing you there!

An attempt was made to secure additional funding to keep the Shop open for a further year from June 2005 - June 2006 in January 2005. This was not successful. By the time this evaluation was commissioned managers had concluded that the Shop was not cost effective and that the lease would not be extended beyond February 2006.

Services provided

The Sure Start midwife employed by a number of Leeds Sure Start programmes has run a weekly Breast-feeding Support Session at the Shop. Infant Massage programmes each lasting about six weeks have been run there, and the Sure Start Domestic Violence Group used the Shop as its base for a number of sessions. The Shop is closed when Breast-feeding and Infant Massage courses are being run.

Bramley Family Support has used the Shop during the summer. Expectations that other agencies would contribute to running the Shop have not been fully realised. The exception was Housing, which has used the facility, operating at the same hours as Sure Start. Home Start have provided consistent support, visiting the Shop each month to promote the Home Start Service. An Oral Health Specialist has attended every six weeks; she had provided a Puppet Show which proved popular with round about a dozen families. Attempts to involve local Community Police Officers in using the Shop facilities have not been successful. No charges have been made to other agencies using the Shop.

Two Parent Involvement Workers (PIW) appointed during 2003 had a main role in staffing the Shop from its opening in February 2004. One of the Parent Involvement Workers (PIW 1) stopped being involved in the Shop when she transferred to being a Play Development Worker in the Autumn of 2004. The second Parent Involvement Worker (PIW 2) saw the Shop as helping her role of promoting Sure Start throughout Bramley, helping parents to access facilities and make contacts. PIW 2 saw the Shop as a first point of contact with families. The Shop was meant to be as unlike an office as possible, with no computers and no staff busy on other issues. Aims were to provide information and advice, to offer support and to combat isolation. The premises are attractive and colourful and provide ample space to advertise Sure Start facilities and promotional events. Sign-posting parents to other services has been an important function.

The Sure Start Librarian, also appointed in 2003, has run a Story Time Session each week. Eighty children and about sixty parents have enrolled for the Library. The Library space at the Shop had been rearranged to encourage parents to be involved during the Story Time Sessions.

Three of the first group of volunteers trained by Sure Start in 2004 had contact with the Shop. One of them helped the Librarian with the running of the Story Time Sessions. Another had been assigned as a volunteer to the Shop but had not enjoyed the experience, as she felt that she had no clear role and that the mothers visiting the Shop mainly spoke to each other. A third volunteer had taken her young daughter to the Shop regularly and had appreciated the services provided, including the Library session. Two of the eight volunteers being trained in the Spring of 2005 had made their first contact with Sure Start through visiting the Shop.

The staff most involved in running the Shop had some concerns. There was a clear rule that parents could not leave children unattended at the Shop. Some parents had seemed reluctant to look after their children while visiting the Shop. Parents had tended to sit on their own during Story Time sessions and had needed encouragement to be more involved. There had also been a Tuesday morning Childminders' Session with the Shop opening early at 9.30. This had been discontinued. The session had become rather negative and the tone could have been off-putting for other mothers. Staff felt that Childminders tended not to supervise children with them properly. Some parents saw the Shop as a free Toddlers' Group.

In order to address these issues a Working Group was formed at Sure Start in May 2005 aimed at re-focusing activities to encourage more parents to attend and to raise the profile of the facility. This has led to a number of themed activities, including Music and Rhyme, general advice and advocacy, Story Time, structured play sessions and health advice, being introduced, starting in July 2005. By this point, staff felt very positive about the role of the Shop for the coming six to eight months. The re-invigourisation of the programme reflects very positively on all staff at Sure Start Bramley.

Use of the Shop

Table 14 below records the number of children and families visiting the Shop between February 2004 and *April* 2005.

Table 14 - Sure Start Bramley Shop: Use of the service (2004 / 2005)

| Year / Month | Existing Children | New Children | Total Children | Existing Families | New Families | Total Families | Lone Mothers | Lone Fathers | Disabled Minorities | White British | Other Ethnic Groups |
|---------------------|--------------------------|---------------------|-----------------------|--------------------------|---------------------|-----------------------|---------------------|---------------------|----------------------------|----------------------|----------------------------|
| 2004 | | | | | | | | | | | |
| Feb | 6 | 1 | 7 | 11 | 2 | 15 | | | | | |
| Mar | 19 | 3 | 22 | 27 | 5 | 32 | 7 | - | 1 | 20 | - |
| Apr | 13 | 1 | 14 | 19 | 1 | 20 | 3 | - | 1 | 13 | - |
| May | 17 | 10 | 27 | 23 | 10 | 33 | 4 | - | 1 | 25 | - |
| June | | | | | | | | | | | |
| July | 37 | 1 | 38 | 36 | 1 | 37 | 8 | - | 1 | 34 | - |
| Aug | 51 | 3 | 54 | 51 | 3 | 54 | 7 | - | 1 | 51 | - |
| Sept | 30 | 6 | 40 | 36 | 5 | 41 | 5 | - | 2 | 34 | 1 Chinese |
| Oct | 43 | 2 | 45 | 41 | 2 | 43 | 8 | - | 1 | 40 | 1 Other White |
| Nov | 48 | - | 48 | 45 | - | 45 | 7 | - | 1 | 45 | 2 Other White |
| Dec | 37 | 1 | 38 | 37 | 3 | 40 | 8 | - | 3 | 34 | 2 Other White 1 Chinese |
| 2005 | | | | | | | | | | | |
| Jan | 34 | - | 34 | 34 | - | 34 | 12 | - | 1 | 30 | 1 Other White |
| Feb | 39 | 5 | 44 | 39 | 5 | 44 | 9 | - | 1 | 39 | 2 Other White |
| Mar | 30 | 2 | 32 | 29 | 3 | 32 | 4 | - | 1 | 28 | 3 Other White |
| Apr | 21 | 4 | 25 | 22 | 5 | 27 | 6 | - | 1 | 22 | 2 Other White |

Numbers of visits to the Shop have been analysed for the period July 2004 - April 2005. During this ten-month period 398 children visited the Shop (average per month 39.8). During the same period 397 parents visited the Shop (average per month 39.7). During this period 74 lone mothers visited the Shop (average 7.4 per month), 18.6% of the total families. No lone fathers were recorded as having visited the Shop during this period. Thirteen parents recorded as disabled visited the Shop (3.27%). Out of the total number of families visiting, 357 (90%) were recorded as *White British*; 16 (4.48%) were recorded as *Other Ethnic Minorities*.

Comment

There is a contrast between families using the Shop and families supported by Sure Start. The User Satisfaction Survey completed in 2004 found that 55% of families known to the Sure Start Outreach Team were headed by lone parents, and 17% of families known to be supported by the Outreach Team were from ethnic minority groups. The proportions of lone parents and people from ethnic minority groups using the Shop were much lower. This finding is not surprising as the Shop aims to provide a first point of contact for all families using the Bramley Shopping Centre, whereas the Sure Start Outreach Team aims to support more vulnerable groups.

Take-up of Service and Unit Costs

As regards value for money and take-up of the service, approximately 40 adults and 40 children visited the Shop each month, or 10 adults and 10 children per week (assuming four-week months), an average of 2 adults and 2 children per session.

For the Sure Start Shop, a unit of service is defined as a visit to the Shop by a parent, or by a parent accompanied by a child. To calculate unit costs average attendances over the ten-month period July 2004 - April 2005 have been grossed-up to twelve months. This produces a figure of 476 visits by parents and 478 visits by children, total 954 visits. The Sure Start Team Manager (Administration) has estimated that in addition to the ten hours per week needed to staff the Shop, an additional three hours Librarian time should be added on. Costs of providing the service have been calculated by

adding together annual running costs for the Shop (calculated at £25,000 per annum) plus the total costs of providing thirteen hours staff time with on-costs using a Parent Involvement Worker (PIW) calculated as £8,108.29, total costs £33,108.29). (A PIW salary is £18,500 plus 18% = £21,830. Thirteen hours is calculated as £21,830 x 13, divided by 35).

Unit costs of a visit to the Shop by a parent accompanied by a child are calculated by dividing the annual cost of running the service (£33,108.29) by the number of parent visits (474) over twelve months. This results in a unit cost of £69.56.

If the unit of service is defined as a visit to the Shop by *either* a parent *or* a child, the number of visits increases to 954, and the unit cost reduces to £34.70.

Comment

Unit costs per contact calculated in 2003 / 2004 (see *Sure Start Bramley Three-Year Evaluation Report*) were £63.08. In arriving at this figure each contact with an individual (child or parent) was recorded separately. The equivalent figure for unit costs per visit at the Shop would be the lower one of £34.70.

Conclusions

Considerable time elapsed before the Shop was brought into service early in 2004. The Shop has provided an access point for the public to contact Sure Start which has not been available during the period in which Sure Start Bramley has been based in Elder Road. Its intention has been to provide information, advice and sign-posting at the first point of contact with the public. The Shop has provided useful meeting space and display facilities. Investment in the Shop by other agencies and use made by the public has been lower than had been anticipated, although unit costs of providing the service are about the same as contacts with users by Sure Start staff working at Elder Road in 2004 / 05. Sure Start staff are to be commended for having developed a themed programme of activities for the period July 2005 and February 2006, when the Shop is due to close.

Sure Start Bramley have decided that the lease of the Shop should not be extended beyond February 2006. This decision was based partly on the new Sure Start premises adjacent to the Children's Centre and the Community Centre being opened during 2005. The public will have access to the new Sure Start premises and also to a range of facilities for community use. Staff running the Shop anticipate that there may be less space available for public use at the point of entry to the new premises, and less space for promoting and displaying Sure Start and related activities.

Challenges

The vision of providing a shop front facility accessible to the public, with dedicated staff and available for multi-agency use; was commendable. The new Sure Start premises will not be town centre based, although the new premises will be closer to the Fairfield Estate and surrounding area. Sure Start Bramley will need to ensure that the benefits to the public through the opening of the new premises outweigh the loss of the Shop facility. The principle of providing dedicated staff offering information, advice and sign-posting at first contact is an important one, and the role of the Shop in promoting Sure Start and its activities should not be underestimated. The energy and expertise of staff who have run the Shop should be used to make sure that the public derive maximum benefits from access to the new Sure Start premises. The recently introduced themed activities being provided at the Shop should be monitored carefully and, where possible and appropriate, integrated into the services provided at the new premises.

Recommendation

- (xiii) Sure Start Bramley should ensure that the benefits to the public provided by the Shop are integrated within the service to be delivered from the new purpose built premises, including advice, information, sign-posting and promotional activities.

8. Volunteer Scheme: Progress so far

The Volunteer Scheme was included in the evaluation to review progress since the Scheme was planned in 2004. The Scheme Organiser was interviewed. Telephone interviews were held with four established volunteers. The evaluator met eight new volunteers approaching the end of their training. These contacts were made in April to early June 2005.

Early Development

The previous Programme Manager had hoped that Sure Start Bramley would be able to establish an accredited Volunteer Training Scheme. Volunteering fitted the new Sure Start *back to work* agenda and the target of reducing *workless households*. The member of the Outreach Team who became its Team Manager in January 2005 and the Volunteer Scheme Organiser (VSO) formed part of a Working Group on volunteers with West Leeds Healthy Living Network and with Home Start (which delivers its service to families with children under five through the use of trained volunteers). The development of SSB's Volunteer Policy was informed by a visit to Wakefield Sure Start. Wakefield was the only local Sure Start programme known to have developed a Volunteer Scheme.

The VSO completed a one-day a week ten-week course run by the Neighbourhood Learning Project (part of Leeds CC) on Volunteer Management (the course title was *Introduction to Volunteering Management*). There were additional sessions on support and supervision. The VSO also completed a course on supervision which was run by the Open College Network (six weeks, one day a week).

Training plans for volunteers were advertised on posters networked throughout Sure Start Bramley. Information packs were developed and sent out to people expressing interest. Recruits had to complete an application form and provide two referees. The next step was an informal interview with the VSO and the local Home Start Programme Manager. Six volunteers were selected (one was turned down and advised about other possible ways of contributing to SSB). Training was provided by the local Home Start

Organiser using Home Start's accredited training materials, slightly adapted with an emphasis on providing opportunities for personal development. Six two-hour sessions were delivered covering attitudes / values / personal safety / child protection / confidentiality / commitment. The VSO participated throughout the training programme. A creche was provided by SSB Play Workers. From this first group, six volunteers, all female, were appointed and they were assigned to SSB projects from the beginning of 2005. The next phase of recruitment started early in 2005 and a second training course was run in March / April for eight potential volunteers (seven female and one male). For the second programme the VSO and the local Home Start Co-ordinator were jointly responsible for delivering the training programme. The VSO considered that the training package worked well, with a good mix of people from different backgrounds. The VSO has maintained contact with the volunteers including attempting to provide informal group supervision.

Unlike Home Start, SSB volunteers have not been used for home visits. Home Start is available to meet this need and the VSO has been cautious about the risks involved. For the future, one of the Parent Involvement Workers is keen to be involved in the further development of the scheme. By June 2005 four of the first group of six volunteers were actively involved in SSB projects. Additionally, eight further volunteers had now been trained and were already being assigned to SSB projects.

Experience of Volunteers

By May 2005 one of the first group of six volunteers had moved away from Bramley and started paid work. A second was planning to start a Social Work degree course later in the year and was not volunteering currently as she wanted a break with her children. Both these volunteers had had experience at the Shop. The first also had experience at *Top Tots*. The second took part in *Stay and Play* sessions at Mount Cross Hostel. This volunteer had previously completed a counselling course and the VSO thought that she would have welcomed opportunities to use her counselling skills as a Sure Start volunteer; she may have considered herself underused. The other four volunteers gave an account of their experience so far, summarised in the boxes below:

Volunteer 1(V1)

V1 had wanted to work in child care when she was at school, but her previous work experience had been a busy payroll office. V1 had had much experience of SSB as a mother with a small daughter, benefiting from a variety of course (including crafts and aromatherapy) which helped develop her skills in handcrafts and as a beautician. V1 had moved into Bramley and made friends through Sure Start. Initially, she had been on her own, but through her involvement in SSB she made many friends and wanted to share her experience as a volunteer. When her daughter was old enough to go to full-time Nursery, V1 was keen to train as a volunteer to "put something back into Sure Start".

V1 considered that it was as important for volunteers to be trained for their role as for staff. She had been nervous to start with, and knowing some of the parents socially made her role as a volunteer harder. She had had experience at "Tuesday Tots" and at the "Mobile Library". There had been one difficult issue with a parent through which V1 felt well supported by SSB. Her contribution at Tuesday Tots had been commended by the VSO who considered that she had the ability to run the group on her own.

V1 had a high regard for the Scheme and for the support she had received from the VSO and from other Sure Start staff. She would welcome wider experience within Sure Start including involvement with the Outreach Team.

Volunteer 2 (V2)

V2 had previously worked in insurance and had wanted to work with families and children. Like V1, V2 had had much contact with Sure Start over recent years since her daughter was a year old including experience of Toddler Groups and activities, and Sure Start trips. She had found the Sure Start Team welcoming and friendly and, like V1, was pleased to have an opportunity to "put something back" into Sure Start. V2 thought that the training programme had been comprehensive,

particularly raising awareness about Child Protection issues, and she had enjoyed making friends with other volunteers.

V2's first volunteering experience was over two months at a "Mums' and Tots' Group". Her role had involved talking to parents - this had been enjoyable but V2 wanted to be more involved. She then helped to set up a new "Mums' and Tots' Group" on the edge of the Sure Start area. The group had been parent-led and very popular. V2 enjoyed the responsibility and helped the group join the Pre-School Learning Alliance and set up its own bank account. The VSO thought that V2 would have been able to run the group on her own.

V2 also hoped for as wide an experience as possible with Sure Start and would have liked a role as a Family Visitor. She recognised the importance of safety issues which had been emphasised on the training course. V2 had found her role as a volunteer satisfying, and had appreciated contacts with the VSO. As previously noted, V2 regularly took her daughter to activities at the Sure Start Shop.

Volunteer 3 (V3)

V3 had worked for many years in a bank and had been looking for opportunities for more rewarding work helping people in need. Her own children were aged 9 and 13. V3 commended the training provided by Sure Start, although the emphasis on safety during visits had been somewhat misleading as home visiting had not been part of the volunteer role. Child Protection training had been interesting and relevant. Part of her induction had involved joint visits to families with a member of the Outreach Team, some of which had been abortive (no contact made), which V3 found somewhat frustrating.

V3's volunteering experience started at Mount Cross Hostel (once a fortnight) talking to mothers and playing with children. V3 was the volunteer who had not enjoyed her assignment to the Sure Start Shop. The VSO commented that V3 had contributed to a recent Post Natal Depression Group helping to facilitate group sessions. V3 had also provided quite intensive support (three times per week) to a child with special needs at a local Special Needs School at lunchtimes and in the

classroom, a role which she had found very rewarding. After several months of individual support the child was better able to enjoy playing with other children and better supported by the School. V3 was also being trained by Sure Start as a debt counsellor, a role in which she expected to have close contact with the Outreach Team, and support from a new volunteer.

V3 had enjoyed much of her role as a volunteer, although she had found some contacts with SSB "a bit disorganised". V3 had expected, and would welcome, more opportunities to work with parents on a one-to-one basis (more like a Home Start volunteer). V3 would also have welcomed more regular contact with the VSO.

Volunteer 4 (V4)

V4 was an older person who had made contact through her Church with Sure Start Bramley. She empathised with mothers with small children through her personal experience and through her previous role as a consultant child psychiatrist, where she had seen patients benefiting from Sure Start. She had had previous experience of volunteering in a Primary School. V4 thought that the training programme had been well organised. She had been able to contact the VSO, whom she considered to be a good manager, when necessary. Her experience as a volunteer with SSB had been with the Community Librarian at the Shop, helping to run the Story Time Session, and also assisting at a Toddlers' Group. V4 put a premium on the accessible support which Sure Start was able to provide. She hoped to gain wider experience of Sure Start through contributing to a range of projects. V4 was very aware of the problems caused by debt for poor families. She contributed to a training session for the second group of volunteers. The VSO commented that V4 had contributed to in-house training at SSB on confidentiality. The VSO was exploring ways for SSB to make appropriate use of V4's professional skills.

New Volunteers

The second group of eight volunteers being trained in March / April 2005 came from a wide variety of backgrounds. Six of them had had contact with Sure Start with their own children. One volunteer had experienced some

problems after her child was born; she heard about Sure Start when she was pregnant and had found the SSB Post Natal Depression Group very helpful. Another volunteer had had contact with Sure Start in another part of Leeds and had found SSB very helpful when she moved to Bramley. Two volunteers, as noted in a previous section, including one who was training to be a psychologist, had made contact with SSB through the Shop. One of the volunteers had experienced a range of local services and wanted to combine being involved with Sure Start as a volunteer with paid employment. Another volunteer who had no family in the area had found Sure Start very supportive and had benefited from activities such as infant massage. One of the new volunteers was a Benefits Adviser interested in working with Sure Start in the future. The only male member of the group had been an engineer and was now studying Health and Social Care, with plans to work as a Sure Start Outreach Worker. The training programme had been experienced as relevant and helpful, preparing volunteers to work with families. Training sessions had also been enjoyable.

The main themes emerging from the new volunteers were their wish to put something back into an organisation which they had found extremely helpful, and volunteers thinking about career plans or career changes, with volunteering for Sure Start being an important stepping stone.

Conclusions

Sure Start Bramley has successfully launched its Volunteer Scheme over the last nine months and the contribution made by the Volunteer Service Organiser is to be commended. Suitable training has been developed in collaboration with Home Start. All six of the first group of volunteers have gained experience of Sure Start projects and four of them plan to continue in this role. Volunteers have valued the experience gained, particularly where their role has been clear and where they have been entrusted with a significant level of responsibility. Volunteers, including people with substantial earlier work experience, have found their role challenging, but also rewarding and satisfying. The scheme has provided very good value for money, with volunteers demonstrating their ability to work to a high standard and with initiative. Three volunteers have indicated their wish to be involved in individual work with families, about which the VSO has been cautious. Part of

the value of the scheme has been helping volunteers to think about their future contribution and opportunities for working with children and parents. The scheme has already expanded following the second training programme.

Issues for further consideration

- The Outreach Team Manager now has responsibility for the scheme in her job description. This is clearly a demanding role, not least in establishing and supporting volunteers as they are assigned to projects. Demands will increase as the scheme expands. Some volunteers will wish to move on to new opportunities and will require support at that stage. A Parent Involvement Worker has volunteered to help with the scheme.
- Further discussion is needed about whether volunteers may have any role to play in individual family support. SSB already contracts with Home Start to train volunteers to support families with children under five. Some volunteers might wish to consider opportunities for counselling, not necessarily through Sure Start.
- Volunteers have appreciated continuing contact with the VSO. Volunteers are demonstrating their ability to contribute towards the delivery of a high quality service. Volunteers are likely to need a sounding board to share their experiences and frustrations, and to obtain continuing support.

Recommendations

- (xiv) SSB should review the workload arising from running the Volunteer Scheme and the staffing resources available, to decide on further expansion.
- (xv) SSB's policy about volunteers' work with individual families should be kept under review, and volunteers should be kept informed.

- (xvi) SSB's policy for continuing contact and supervision of volunteers should be reviewed and developed in consultation with them.

9. A Summary of Recommendations

Management Review

- (i) Board members should set aside protected time to have a discussion about process issues and consider how ongoing meetings could incorporate space for members to discuss issues they feel are of concern (such as roles, responsibilities, potential conflicts of interest).
- (ii) Information meetings between staff and managers should be frequent and should encompass regular discussions about funding and job security.
- (iii) More in depth meetings should be held at longer intervals. These should look at ongoing issues in relation to communication, internal financial systems such as team budgets and petty cash arrangements.
- (iv) The training needs of staff and the arrangements in relation to accessing training should be addressed in such meetings.
- (v) The appointment of a Play and Community Development Team Manager should be expedited.

File Review

- (vi) It is again recommended that Sure Start Bramley considers the findings of the File Review and implications for practice. Areas to focus on include exploring the potential for further enhancing self-referrals; and reviewing the optimal length and level of intensity of support provided to families and children. The issues involved in engaging hard to reach families should remain under scrutiny and the subject of ongoing discussion.
- (vii) A repeat of the File Review is again recommended for next year: before this is undertaken, form completion should be recorded to

ensure enhanced independence, and opportunities for recording more assessment and qualitative data, making changes to the File Review form where needed.

- (viii) It is proposed that the evaluation for 2005/ 06 should continue the file review exercise, but that evaluation methodologies should be revised in order to ensure that there is a rich variety of data available Outcomes and the experiences of families supported by Sure Start Bramley should be a focus for this period.

Cost effectiveness

- (ix) Sure Start Bramley is to be commended for improvements achieved in data recording. Work on unit costs should be sustained in future years to provide a basis for annual comparison. Unit cost data should be used alongside outcome data to provide a more holistic view of the value of services provided

Children's Centre

- (x) Sure Start Bramley should discuss with Leeds Early Years Service the potential for closer alignment of the management structures of local Children's Centres (including Bramley Nursery) and Sure Start Bramley with a view to eventual integration.
- (xi) Sure Start Bramley should discuss the management and supervision of Family Outreach Workers with Leeds Early Years Services to ensure that conflicts are resolved, and that Family Support Services in both structures are fully integrated so that optimal service levels are provided to the public.

Sure Start Bramley: Shop

- (xii) Sure Start Bramley should ensure that the benefits to the public provided by the Shop are integrated within the service to be delivered

from the new purpose built premises, including advice, information, sign-posting and promotional activities.

The Volunteer Scheme

- (xiii) SSB should review the workload arising from running the Volunteer Scheme and the staffing resources available, to decide on further expansion.
- (xiv) SSB's policy about volunteers' work with individual families should be kept under review, and volunteers should be kept informed.
- (xv) SSB's policy for continuing contact and supervision of volunteers should be reviewed and developed in consultation with them.

10. A note on evaluation priorities for 2005/2006

Transitions to motherhood

It is recommended that this project be progressed in the autumn of 2005 in conjunction with the key workers involved in post natal depression services. This would involve in-depth interviews with six to eight mothers who have chosen to take part in the study (a proportion of whom are first-time mothers). The aim is to gain a richer understanding of post natal depression in the context of how mothers negotiate the transition to motherhood.

File Review

This exercise should be continued in the forthcoming year, but revised evaluation methodologies should be explored in order to ensure that the depth and extent of the work is accurately captured. The file review could also incorporate work on outcomes and the experiences of those receiving the outreach service.

Children's Centre and integrated service developments

It is recommended that the evaluation continue to explore how the integration process is proceeding, engaging with the experiences and views of all the key stakeholders. A review of the use of buildings including the Fairfield Community Centre could be built into this also.

Cost Effectiveness

This work should continue incorporating new and ongoing service developments.

Volunteer Scheme

The evaluation for the forthcoming year should build upon the work already undertaken to assess the development of the volunteer scheme, and possibly assess its impact upon those delivering and using the scheme.

Reference

Tunstill J., Allnock, D., Akhurst, S., Garbers, C and the NESS Research Team (2005) 'Sure Start Local Programmes: Implications of Case Study Data from the National Evaluation of Sure Start', *Children and Society*, 19 (2), 158-172.

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Appendix 1

Interview schedule for interviews with management team

Structure

The structure chart and the post-holder's job description will be used in this section to help all interviewees address the following questions.

What was the purpose of re-structuring?

What do you consider the advantages of the current structure?

Where do you see room for modifications?

Describe your role- is it clear? Where, if any, are the areas of least clarity?

Are you clear on the lines of accountability upwards and downwards?

How effective is communication between managers?

How effective are the communication mechanisms upwards and downwards?

What do you consider the strengths and weakness are of current communication arrangements with regional and national Sure Start?

Are there particular issues in the current climate where considerable change is occurring?

Service quality

What are the strengths and limitations of your information systems?

How robust are your mechanisms for assessing the quality of the services provided?

Do you look at individual evaluations of particular services provided?

How are particular Service Level Agreements decided upon?

How do you monitor Service Level Agreements?

What's the balance between direct provision and outsourcing via Service Level Agreements?

How do staff feed in ideas in relation to developing/changing areas of work?

Finance

How and where are financial decisions taken?

What is the balance between the influence of board members, managers and staff in relation to financial decision-making?

Do you have enough financial information in order to do your job?

Staff development

How do you ensure optimal staff development?

Is there a staff development strategy? – if so, how would you assess its effectiveness?

Is there a budget for staff development?- is it adequate?

How and where are decisions taken in relation to releasing staff to attend courses?

Are there any guidelines on the balance to be struck between attending external and internal training events?

Do you consider current supervision arrangements appropriate?

Do you feel equipped to fulfil your supervisory role? – what, if any, further resources might you need?

Are there gaps in your current system in relation to providing supervision for particular types of work?

Do you have performance appraisal mechanisms?

Do you consider them effective?

Assess the effectiveness of your complaints procedures

Are exit interviews carried out?

Other outcomes for parents / children including services provided:.....

.....

Reason for ending work / involvement (if ended):.....

| |
|---|
| Estimate of level of work (Hardiker prevention grid) |
|---|

Appendix 3



Hardiker Grid: Summary

The Hardiker Grid has been used extensively to provide a frame of reference for assessing the level of work undertaken with families by statutory and voluntary agencies.

An explanation is enclosed in the Guidance document prepared by the Children's Fund in 2000/01, Annex A (p.37).

This document under the heading *Prevention* states: "Better a fence at the top of the cliff than an ambulance at the bottom". This image reflects the notion that relatively inexpensive and simple measures put in place early can save the need for more expensive, complex interventions precisely at a time when successful resolution will be less likely...intervention at an early stage can reduce the future probability of (adverse) outcomes and maximise the chance of (beneficial outcomes).

There are four levels of prevention.

Level One: *Services available for all children and families.* Diversionary - here the focus is before problems can be seen - thus prevention strategies are likely to focus on whole populations.

Level Two: *Children and families needing extra support;* early prevention implies that problems are already beginning to manifest themselves and action is needed to prevent them becoming serious or worse.

Level Three: *Children and families needing intervention.* Heavy-end prevention would focus on where there are multiple, complex and long-standing difficulties that will require a customisation of services to meet the needs of the individual concerned.

Level Four: *Children and families in crisis needing urgent and / or intensive intervention.* Restorative prevention focuses on reducing the impact of an intrusive intervention. This is the level of prevention that would apply to such as children and young people in public care, those permanently excluded from school or in youth offender institutions or supervision and / or those receiving assistance within the child protection framework.

(Sources: Adapted from Policies and Practices in Preventive Child Care (1991) Hardiker, P., Exton, K., Barker, M. and further adapted in Preventive Work with Families: The role of Mainstream Services (1997) Sinclair, R., Hearn, B., Pugh, G.)

A version of the Hardiker Grid using an inverted triangle diagram is included in the Green Paper *Every Child Matters*.



SURE START BRAMLEY

Evaluation Report - Year 5

2005 - 2006

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Professor Brid Featherstone and Martin Manby

November 2006

Executive Summary

Background

- (i) This year's evaluation was carried out against the backdrop of the National Evaluation of Sure Start. Five hundred and twenty-four (524) local programmes (SSLPs) had been established. The national vision for SSLPs was that Outreach Teams had a key role to play in reducing barriers to accessing services.
- (ii) Since 2004, Local Authorities have had responsibility for developing Children's Centres, which now incorporate local Sure Start programmes, and which will now become the hub of community services for children and families across the country.
- (iii) The literature on the family support to which Sure Start is making a contribution stresses the importance of helping families to engage with services, the notion of "managed dependency" for more vulnerable families, and the importance of attention to the organisational climate within which Sure Start services are provided.

2005 - 2006 Evaluation of Sure Start Bramley

- (iv) For the fifth (and final) year of the joint evaluation of Sure Start Bramley (SSB) by the Nationwide Children's Research Centre and Professor Brid Featherstone (University of Bradford), the Sure Start Board had decided that the priority should be an evaluation of the impact of the programme on service users, both parents and children.
- (v) A qualitative methodology was adopted. Eighteen families (all mothers) were interviewed by the evaluators using a semi-structured interview format. Assessment Grids were completed by parents to assess the progress made by children and by themselves, and the degree of impact of SSB.

- (vi) For the third year running a File Review exercise was undertaken. Data on closed cases was analysed by an independent research consultant.

Findings

- (vii) There were many points of continuity and stability in the description of SSB's services from the **File Review** for 2005 – 2006, compared with similar exercises carried out over the previous three years.
- (viii) Data on family size, ethnicity, sources of referral, and length of contact with the Outreach Team were mainly in accord with previous findings. The number of reasons for referral reduced somewhat over the three time periods for which data was collected.
- (ix) The main areas of work focused on by the Outreach Team in 2005 – 2006 included *general support* (including emotional support), *help with Housing, Parents and Tots / Toy Bag services, financial help, liaison with other agencies, work on parenting skills, referral to counselling services, listening visits* and *child development*.
- (x) Work focusing on child protection or neglect, and multi-agency work including liaison with Social Services, remained a significant part of the Outreach Team workload.
- (xi) Two-thirds of the families included in the **qualitative evaluation** were headed by lone parents. Average family size for this group was three children. Four out of the eighteen families were from ethnic minority groups. The average length of contact with SSB was two years. The mean level of work (Hardiker Grid) with the eighteen families was estimated by the evaluators to be Level 2 / 3 at the start of contact, reducing to Level 2 by the time of the interviews. The families interviewed generally had higher needs than those of the families included in the File Review for 2005 – 2006, and in previous years.
- (xii) Assessment Grids for children (completed by parents) gave clear indications of positive impact by SSB in relation to *development, learning, making new friends, speech and language* and *confidence*.

- (xiii) Assessment Grids for parents also indicated clear, positive impacts by SSB on parents (mothers) in relation to *making new friends, isolation / contact, parenting skills, health, confidence and motivation*.
- (xiv) A thematic analysis of transcripts and evaluators' notes for the eighteen interviews confirmed the progress achieved by families, and the high regard in which the Outreach Team and Sure Start Bramley was held by service users. Families valued the friendly and professional approach of the Outreach Team. For many of them Sure Start was described as being "*like a family*", offering practical and emotional help when needed in a non-judgmental way.
- (xv) The thematic analysis found evidence of many families supported moving on to independence and contributing to the local community. Some families retained a degree of dependence on SSB at the time they were interviewed. Families described SSB as providing a multiple service model, working in partnership with other agencies in response to wide-ranging needs. Service users' experience of Social Services, of help provided by other agencies, and of local counselling services are explored. Descriptions of the impact of SSB on children's development are included.
- (xvi) A Focus Group with members of the Outreach Team provided an opportunity to explore issues of professional boundaries, developing a positive organisational culture, key features of family support services, and a description of models of intervention used. Workers stressed the importance of individual needs' assessment leading to a multiple service model; and also of the therapeutic ambience of the SSB Resource Centre to which all staff, from the Reception Team to the Programme Manager, contributed.
- (xvii) SSB was able to harness a wide variety of child care support services, from both the statutory and voluntary sectors, to support families referred to them. They had developed their own version of the purchaser / provider model, with Outreach Team members playing the role of practitioner / purchasers co-ordinating, encouraging and deploying a

range of in-house (Sure Start) services, and external services, some of them funded through Service Level Agreements with Sure Start.

1. Introduction and background

1.1 Background

The Nationwide Children's Research Centre and the University of Huddersfield (Professor Brid Featherstone) were appointed as local evaluators for Sure Start Bramley by the end of 2000. Four annual evaluation reports have been written in 2002, 2003, 2004 and 2005, and presented to, and approved by, the Sure Start Bramley Board. The evaluation reports cover many aspects of the operation of the programme. The evaluation is funded until March 2007. Professor Featherstone moved to the University of Bradford, as Professor of Social Work, in January 2006.

For the past two years, 2004 and 2005, a File Review analysing work completed with individual families, has been undertaken, and the Board recommended that this should be repeated in 2006. The Board requested in November 2005 that for its final year the evaluation should focus on the impact of Sure Start Bramley on families, both parents and children, by interviewing parents to explore their experience of the programme. The File Review and interviews with parents have provided the data on which this report is based. A presentation on preliminary findings from the parents' interviews was provided for the National Sure Start Local Evaluation Conference at Nottingham University on 14th June 2006, and the evaluators updated the presentation for a meeting of the Sure Start Bramley Board on 5th July 2006.

Other aspects of the evaluation, including the further integration of Sure Start Bramley within the development of Leeds Early Years Children's Centres, are continuing, and will be the subject of an addendum to this report to be written in late 2006 / early 2007.

1.2 National Context

The Sure Start initiative was announced in 1998 and trail blazer programmes were introduced in 1999. These were followed by second wave and third wave programmes. Sure Start Bramley (SSB) was a second wave programme which gained approval from the national Sure Start Unit in 2000. The aim set out for Sure

Start by the Treasury in the initial Public Service Agreement with the DfEE for trailblazer, second and third wave programmes was:

To work with parents and children to promote the physical, intellectual and social development of pre-school children - particularly those who are disadvantaged - to ensure they are ready to thrive when they get to school (DfEE, 1999a and b).

There were four objectives for which targets were attached (1999-2002 Public Service Agreement).

Following the spending review of 2000, fourth and fifth wave programmes were introduced. Their aims were.....

to work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children - particularly those who are disadvantaged - so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children.

There was a new focus on the ante-natal period with a new target aimed at achieving a 10% reduction in the numbers of mothers smoking during pregnancy. Objective 4 concerned strengthening families and communities and the new attached Public Service agreement was *to reduce the number of three year olds living in households where no one is working*. There was also a requirement that all programmes work closely with Early Years Development and Childcare Partnerships to help close the childcare gap for 0-3 year olds between Sure Start and other areas (DfEE, 2001).

These new aims and targets applied to all programmes requiring the development of new delivery plans for the three previous phases.

Five hundred and twenty-four (524) local programmes (SSLPs) were established in all, and for all Sure Start programmes core services were: *outreach, befriending and family support; support for play, learning and childcare; primary and community health care and access to specialised services*. The National evaluation of Sure Start (NESS) was commissioned by the government in 1999 and began work in 2000. It had four modules: Impact; Implementation; Cost Effectiveness and Local Context

Analysis with an aggregate brief to address three key questions around the impact on existing services, improvements in delivered services, and the benefits to children, families and communities.

All local programmes were required to fund and commission their own local evaluations and SSB initiated this process in September 2000. The current evaluation team has been in place since then and has produced annual evaluation reports covering the time frame from February 2001 to the present. Local evaluation teams have received guidance and support from the national Sure Start Unit and NESS with some specific requirements (for example, there were specific requirements that a user satisfaction survey be completed after three years of operation, and that cost benefit analyses were included in local evaluation reports), but generally priorities for evaluative activities have been agreed through the evaluation subgroup of SSB on an annual basis.

Children's Centres

The concept of the Children's Centre was promoted in the report of the Inter-departmental Child Care Review 2002, following the Spending Review of 2002. According to the Start Up guidance issued in February 2003, local authorities were invited by the Sure Start unit to develop the next phase of the government's strategy to deliver better outcomes for children and families. This was an important change involving local authorities as direct providers.

Children's Centres will serve children and families in disadvantaged communities and will provide integrated care and education for young children, health services, family support and a base for childminders. This integrated approach by Children's Centres will provide holistic support for children's development, support to families with young children and will facilitate the return to work of those parents who are currently unemployed (Start Up Guidance, Feb, 2003, p.3).

All Children's Centres must offer access to the following core services: early education integrated with child care; family support and outreach to parents; child and family health services. In addition, Centres should act as a service hub within the community for parents and providers of childcare services for children of all ages - offering a base for child minder networks and a link to other day care provision, out of

school clubs and extended schools. Centres will also have links with local training and education providers and Job Centres. In contrast to the limited geographical reach of Sure Start programmes, it was initially planned that least 3, 500 Children's Centres will be established in a staged process. Recent government aims as outlined in the 10 year childcare strategy are to have a Children's Centre in every community by 2010. Children's Centres are a key part of the strategy to enable all families with children to have access to an affordable, flexible, high quality child care place for their child.

The arrangements for evaluation of Children's Centres have not yet been publicised.

Discussion

Clearly, Children's Centres mark an expansion in terms of scale of the Sure Start concept but are also considered by some observers to mark a departure from the original ethos in terms of *what* is being offered and *how*. In terms of *what*, concerns have been raised that there is more of a focus on enhancing the employability of parents through providing childcare rather than developing a holistic intervention with the whole family. In terms of *how* services are delivered, it is argued that there has been a move away from a community based approach emphasising parental involvement to a more professionally driven service run by local authorities. Concerns about funding, both in terms of amount in the context of expansion and loss of ring fencing, have also been noted by commentators.

1.3. Outreach Teams: Themes from the literature

In the next section we locate our specific local evaluation of the outreach team in SSB within a broader discussion which draws from the NESS evaluation of Sure Start generally and from an associated literature on family support. Whilst outreach and family support are not synonymous, family support is often an integral aspect of outreach activity and this was apparent from our evaluation of the outreach team at SSB where the title 'Family Support Outreach worker' has frequently been used.

The Implementation module of the NESS evaluation aimed to provide an overview of the entire implementation process (for further details see Tunstill et al, 2005 and NESS, 2005). Six implementation dimensions were explored through a variety of research methods: management and co-ordination; access; quantity of services;

community involvement and allocation of resources. Their explorations were underpinned by seven Sure Start principles: *working with parents and children; services for everyone; flexibility at the point of delivery; starting very early; respectful and transparent; community driven and professionally co-ordinated; outcome driven*. The starting point was the Government's aspirations for Sure Start which were to give children a sure start in life in order to combat the adverse effects of poverty and disadvantage and to work in partnership with parents, develop policy based upon evidence, and to contribute to the future knowledge base on the impact of early intervention in areas of multiple disadvantage.

A key theme articulated by the then Minister, David Blunkett, at the onset of Sure Start was that it was a 'new' way forward in that it sought to counter the distrust felt by many people in communities about professionals. This distrust was exacerbated by suspicion and fear particularly about Social Services Departments. More generally a historical belief in family privacy also meant that asking for help was seen as shameful and that the services which had been developed were not universal in their reach and not invested in by the community at large. Sure Start was explicitly designed to reach the whole community within a specific locale, thus hopefully countering any stigma attached to help seeking. With its emphasis on parental involvement it was envisaged that community investment in local schemes would enhance their attractiveness and remove distrust and suspicion.

The National Evaluators have observed that...*'in some ways the most important aspect of the SSLP vision is the stress on removing barriers to access, which have bedevilled the delivery of services for children and families over a very long period'* (Tunstall et al, 2005, 164). It is in this context that the NESS evaluators conclude that of all the services SSLPs deliver, outreach is crucial to their overall achievement and fundamental to the engagement of the community. Outreach could not only deliver a range of services but was also crucial in reaching 'hard to reach' or 'diverse' groups. The notion of 'hard to reach' is often attached to particular categories of people (for example, those from minority ethnic backgrounds) and Sure Start programmes generally and outreach specifically have been evaluated in relation to their work in such areas. For example, the remit of Sure Start programmes (to serve a specific identified **geographical** area, rather than for example a specific community) meant some of the greatest challenges arose when the number of people from Black and minority ethnic groups did not reach a "critical mass". Many programmes, like SSB, had smaller populations from minority ethnic groups. There

were also issues in relation to engaging with diverse family patterns and structures. The level of engagement with fathers was uneven. In relation to working parents, the term 'hard to reach' may be a misnomer. The key change may be to move away from language which implies that some service users are hard to reach towards a recognition that services are not always provided appropriately. Tunstill et al's use of the term 'diversity' is more appropriate.

Sure Start outreach teams appear to have added to the knowledge base in terms of identifying differing types of service users in relation to their ability/willingness to access services. Tunstill et al identified three types of service user: autonomous; facilitated; and conditional. Autonomous were those who were keen and / or able to use services provided they had the appropriate information available to them. The other two needed more help, to varying degrees. The importance of outreach teams, their principles and underpinning structures is underscored by these findings.

'For example, the potential service users who we refer to as 'facilitated' underline the role for other mothers, the creative/sensitive use of offers of transport, and perhaps, most of all the role of the key worker. We found the key worker could develop a holistic view of the family's situation, needs and preferences, and take account of all these when introducing the family into the programme. To respond to the needs of the parents we have described as 'conditional 'similarly meant providing a key worker who could deliver services in the home in the first instance, but also required a whole-programme commitment to leaving the service user in control' (Tunstill et al p. 165).

In our evaluation we considered using the categorisations used by NESS in relation to autonomous, facilitated and conditional service users in our qualitative evaluation of the outreach team, but concluded that that this would be of more value for a larger, more diverse sample. Our sample was small – eighteen families - and was deliberately targeted at those who had had a substantial period of involvement; the sample was therefore unlikely to include service users in the autonomous category. Our own evaluation of SSB over the past four years has relied more on a system of categorisation of service users' levels of problem based on the "Hardiker Grid" (Hardiker et al 1991). However, we think Tunstill et al's categorisation is of interest in advancing our knowledge base in relation to developing universal services.

Before leaving this section it is important to note further issues, some of which are addressed by the NESS evaluation and some which emerge from the more general literature on family support. Sustained attention to *engagement* is essential especially for those families who are designated as vulnerable and with multiple, often interlocking, difficulties. Turney (2005) suggests in such families, which are often those where the neglect of children is a longstanding issue, the notion of '*managed dependency*' may need to be employed. Basically, this requires a careful and sensitive use of time scales rather than a rigid adherence to "one size fits all" short programmes which deal with one issue (for example behaviour management). Finally, *how* services are delivered and *how* workers engage service users is now recognised as crucial in the research literature and emerges once again from the NESS findings. Communicating respect and using professional expertise in an accessible and sensitive way seem to be crucial issues for service users. For workers to deliver the kinds of services valued by service users there is research evidence to suggest that the organisational climate in which the work is carried out is important – in particular, their work being valued seems of importance (Hall, 1999). As indicated, we will return to these issues when discussing our own findings.

2. Methodology

For the third year running, a **File Review** was undertaken based on information recorded at the point when cases were closed (SSB use the term “archived”) between July 2005 and June 2006. Information was recorded for eighty-seven closed cases. The File Review form is reproduced at **Appendix 1**. The data obtained was inputted onto an SPSS database by the independent research consultant who had analysed similar data for the previous two years. Findings were compared with those for 2002 – 2004 and for 2004 – 2005. As for the two previous years, an estimate of the level of work undertaken was made by the evaluators and included on the data summaries, with reference to the Hardiker Grid (see **Appendix 3**).

Members of the Outreach Team completed data summaries for their own files, as in previous years. This produced the required data, but was a less independent approach than having the forms completed by a third party. Families were not able to contribute to this part of the evaluation themselves.

A **qualitative evaluation** was undertaken through interviews by the evaluators with eighteen families. The purpose was to enable a more detailed exploration of the views of families about the impact for Sure Start Bramley on families, both parents and children. The intention was that families involved would be those who had had the most intensive contact with SSB. Criteria for inclusion were families who had had either a minimum of three months’ contact or six home visits from the Outreach Team. A copy of the interview schedule used with families is included at **Appendix 4**.

A schedule of cases where the inclusion criteria were met, with families identified by case number (not name), was prepared by the Outreach Team Manager. The target was to interview twenty to twenty-five families. The evaluators then identified every third family as possible interviewees. Letters inviting families to attend were sent out and followed up by telephone calls. The response to the first batch of invitations was low. The evaluators then repeated the process, inviting every third family on the remaining shortened list to be interviewed. Eventually, nineteen families agreed to be interviewed, and interviews were successfully completed with eighteen families.

Families were offered a choice of being interviewed in their own homes or at the SSB Resource Centre. Most (fourteen) chose to be interviewed at home, and the rest (four) were interviewed in the office. Families were offered the option of being interviewed in the evenings, but none requested this. The female member of the evaluation team interviewed seven families. The male evaluator interviewed ten families; and one family was interviewed by both of them. With the agreement of the SSB Board, families were notified in their letters of invitation to take part in the evaluation that they would be sent vouchers for use in a local store to the value of £15 on completion of their interviews.

Parents were also asked to complete Assessment Grids about the impact of Sure Start on themselves and on their children. Copies of the two grids are included as **Appendices 2** and **3**. Parents were asked to assess whether their situation had improved or deteriorated across six domains (for example *making new friends / parenting skills / confidence*). Parents were requested to complete the Child Assessment Grid in relation to the child most involved with Sure Start across seven domains, e.g. *confidence / speech and language / behaviour*. Additionally, for both assessment grids, parents were asked to assess how much of any improvement could be attributed to the intervention of Sure Start Bramley.

Additional information was obtained where possible about the families by interviews (face to face, or telephone) carried out by the evaluators with the Outreach Worker assigned to each family. Finally, a Focus Group was held after completion of the family interviews with the Outreach Team Manager and with three of the five members of the Outreach Team. The focus group explored the Team's working methods and organisational culture. Involving the Team Manager and the Outreach Workers in the same Focus Group could have influenced team members' observations on management issues. The Outreach Team member who provided counselling sessions, and the male Outreach Worker were not able to be present. The two evaluators facilitated this session.

3. Findings

File Review

This section analyses File Review data for 87 cases which were closed between July 2005 and June 2006. Comparisons are made with similar data obtained for the period 2002 – 2004 (214 cases); and for the year 2004 – 2005 (99 cases). The data in this section provides background and context for the findings in the qualitative evaluation which follows.

Out of the eighty-seven (87) families, thirty-seven (37) were two-parent families; and fifty (50) were lone-parents. Proportions are very similar to those for 2002 – 2005.

Numbers of children in the families in the File Review are shown in **Tables 1** and **2** below:

Table 1
Number of children under four

| Number of children | 2002 – 04 | | 2004 - 05 | | 2005 – 2006 | |
|--------------------|------------|------------|-----------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| 0 | 1 | 1 | 7 | 7 | 5 | 6 |
| 1 | 146 | 74 | 68 | 69 | 61 | 72 |
| 2 | 46 | 23 | 23 | 24 | 18 | 21 |
| 3 | 5 | 2 | 0 | 0 | | 1 |
| Missing | 13 | 1 | 1 | | 2 | |
| Total | 211 | 100 | 99 | 100 | 87 | 100 |

For all three time periods more than two-thirds of families had one child under four and more than 90% of families had either one or two children under four.

Table 2
Number of children in the families referred

| Number of Children | 2002 – 04 | | 2004 - 05 | | 2005 - 2006 | |
|--------------------|------------|------------|-----------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| 1 | 95 | 45 | 38 | 39 | 40 | 46 |
| 2 | 52 | 24 | 32 | 33 | 27 | 31 |
| 3 | 29 | 14 | 15 | 16 | 12 | 16 |
| 4 | 25 | 12 | 5 | 5 | 1 | 1 |
| 5 | 7 | 3 | 4 | 4 | 2 | 3 |
| 6 | 1 | 1 | 1 | 1 | 1 | 1 |
| 7 | 0 | 0 | 2 | 2 | 1 | 1 |
| 8 | 3 | 1 | 0 | 0 | 1 | 1 |
| Missing | 2 | | 2 | | 2 | |
| Mean | 451 | 2.13 | 207 | 2.13 | 165 | 1.94 |
| Total | 214 | 100 | 99 | 100 | 87 | 100 |

Family patterns for the three data sets are similar. The mean number of children per family was slightly lower for 2005 – 2006 than for the two previous time periods.

The ethnicity of the families supported is described in **Table 3** below:

Table 3
Ethnicity / place of origin

| Ethnicity / place of origin | 2002 – 04 | | 2004 - 05 | | 2005 - 2006 | |
|-----------------------------|------------|------------|-----------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| White British | 177 | 88 | 86 | 88 | 72 | 84 |
| Dual Heritage | 7 | 3 | 6 | 6 | 6 | 7 |
| African | 6 | 3 | 3 | 3 | 2 | 2 |
| European* (inc. Irish) | 6 | 3 | 1 | 1 | 2 | 2 |
| Asian | 1 | 1 | 2 | 2 | 4 | 5 |
| Middle East | 3 | 1 | 0 | 0 | 0 | 0 |
| Caribbean | 1 | 1 | 0 | 0 | 0 | 0 |
| Missing | 13 | | 1 | | 1 | |
| Total | 214 | 100 | 99 | 100 | 87 | 100 |

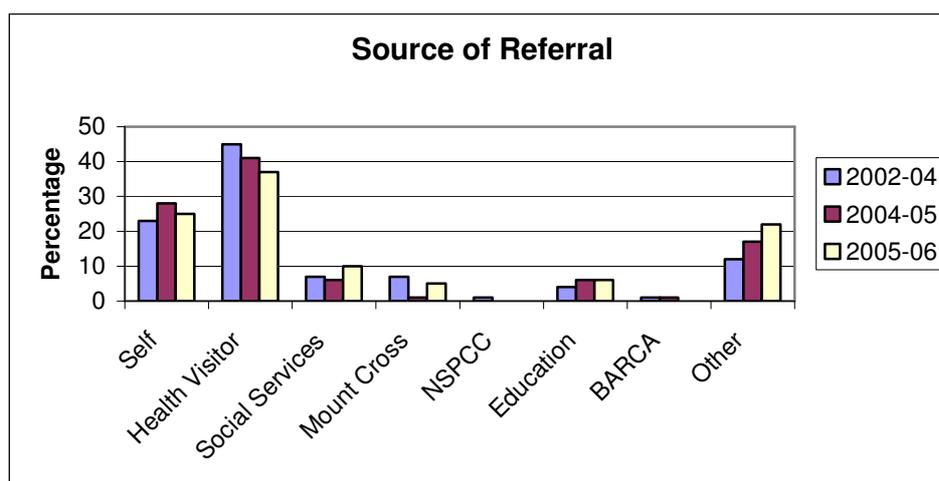
The proportion of White British to other ethnic groups is similar for the three data sets, although the proportion of other ethnic groups is slightly higher for 2005 – 2006.

Main sources of referral for the families included in the File Review are described in **Table 4** and the bar chart below:

Table 4
Source of Referral – pre-coded categories only

| Source of Referral | 2002 – 04 | | 2004 - 05 | | 2005 - 2006 | |
|-------------------------|------------|------------|-----------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| Self | 48 | 23 | 28 | 28 | 19 | 25 |
| Health Visitor | 94 | 45 | 40 | 41 | 29 | 37 |
| Social Services | 14 | 7 | 6 | 6 | 8 | 10 |
| Mount Cross | 14 | 7 | 1 | 1 | 4 | 5 |
| NSPCC | 3 | 1 | 0 | 0 | 0 | 0 |
| Education | 8 | 4 | 6 | 6 | 5* | 6 |
| BARCA Community Project | 2 | 1 | 1 | 1 | 0 | 0 |
| Other | 25 | 12 | 17 | 17 | 17 | 22 |
| Missing | | | | | | |
| Total | 214 | 100 | 99 | 100 | 87 | 100 |

* Education referrals include 4 from Learning Mentors



Self-referrals and Health Visitor referrals remain the largest source of referrals in 2005 – 2006. There was a slight increase in the proportion of Social Services referrals in 2005 – 2006.

Main **reasons for referral** to SSB in 2005 – 2006 are summarised in **Table 5** below:

Table 5
Reasons for referral

| Isol. | Hsing Prob. | Depression | Parenting Skills | Health Issues | Dom. Viol. | Chn's Beh. | Fin.help, debt, bene-fit issues | Preg. | Gen. Supp | Rel. Issues | Child dev. /play need | Young parent |
|---------|-------------|------------|------------------|---------------|------------|------------|---------------------------------|-------|-----------|-------------|-----------------------|--------------|
| 33 (29) | 15 (13) | 12 (23) | 12 (9) | 8 | 7 (11) | 6 (6) | 6 (4) | 6 | 5 (19) | 5 | 5 | 5 |

Key

Isol = isolation; hsing = housing; dom. vol = domestic violence; chn's beh. = children's behaviour; fin = financial; preg = pregnancy; gen supp = general support; rel = relationship; dev = development

Note: Figures in brackets are those for 2004 – 2005.

Isolation was the reason for referral most frequently mentioned. Fewer families were referred for *depression* or for *domestic violence* than in the previous year. There were more referrals for *pregnancy* or *young parents* than in 2004 – 2005. More parents were referred for help with *parenting skills* in 2005 – 2006. Numbers of families were referred for *general support* were lower than in 2004 – 2005.

Other reasons for referral mentioned included *access child care (4)*; *school or nursery attendance problems (4)*; *drugs / addiction, parental mental health, refugees and asylum-seekers, education / training, lone-parents, alcohol problems, need to learn better English / language barrier – (all 3)*; *new to area (2)*; and *post-natal depression (2)*.

Differences between the two years may be partly explained by differences in coding or problem definition.

The number of reasons for referral are summarised in **Table 6** below:

Table 6
Number of reasons for referral

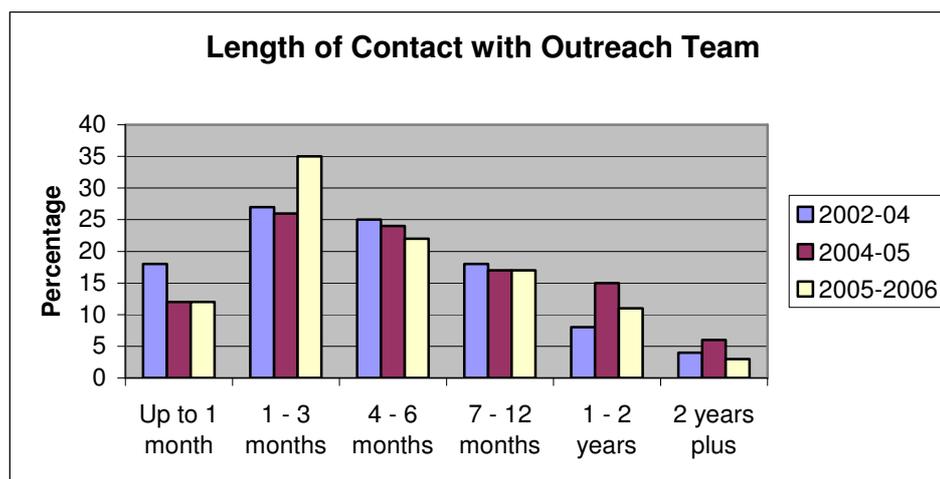
| Number of reasons for referral | 2002 – 04 | | 2004 - 05 | | 2005 - 2006 | |
|--------------------------------|------------|------------|-----------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| 1 | 64 | 30 | 31 | 31 | 30 | 34 |
| 2 | 63 | 29 | 34 | 35 | 32 | 37 |
| 3 | 44 | 21 | 21 | 21 | 19 | 22 |
| 4 | 24 | 11 | 10 | 10 | 4 | 5 |
| 5 | 10 | 5 | 3 | 3 | 2 | 2 |
| 6 | 3 | 1 | 0 | 0 | 0 | 0 |
| 7 | 2 | 1 | 0 | 0 | 0 | 0 |
| 8 | 4 | 2 | 0 | 0 | 0 | 0 |
| Missing | 4 | | 0 | | 0 | |
| Total | 214 | 100 | 99 | 100 | 87 | 100 |

Table 6 suggests that the number of reasons for referral has reduced somewhat over the three time periods. The proportion of families where 1, 2 or 3 reasons for referral were cited increased over the three time periods. By contrast, the proportion of families where 4 or more reasons for referral were cited tended to decline.

The length of contact between families referred and the Outreach Team for the three time periods are summarised in **Table 7** and in the bar chart below:

Table 7
Length of contact with Outreach Team

| Length of contact | 2002 - 04 | | 2004 - 05 | | 2005 - 2006 | |
|-------------------------------|------------|------------|------------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| Up to 1 month | 35 | 18 | 11 | 12 | 10 | 12 |
| 1 – 3 months | 52 | 27 | 24 | 26 | 29 | 35 |
| 4 – 6 months | 48 | 25 | 22 | 24 | 18 | 22 |
| 7 – 12 months | 34 | 18 | 15 | 17 | 14 | 17 |
| 1 – 2 years | 16 | 8 | 14 | 15 | 9 | 11 |
| 2 years plus | 7 | 4 | 5 | 6 | 2 | 3 |
| Missing | 22 | | 8 | | 5 | |
| Mean (excluding missing data) | 5.3 months | | 6.4 months | | 6.1 months | |
| Total | 214 | 100 | 99 | 100 | 87 | 100 |



The average length of contact per family was 6.1 months, slightly shorter than for 2004 – 2005. The average length of contact is calculated by taking a mid-point for the five time intervals up to two years. Two years plus was calculated as twenty-four months.

The number of areas of work focused on for the three data sets for the three time periods are summarised in **Table 8** below:

Table 8
Numbers of areas of work focused on

| Number of areas | 2002 - 04 | | 2004 - 05 | | 2005 - 2006 | |
|-----------------|------------|------------|-----------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| 0 | 4 | 2 | 9 | 9 | 12 | 14 |
| 1 | 26 | 14 | 18 | 19 | 10 | 11 |
| 2 | 38 | 20 | 16 | 17 | 18 | 21 |
| 3 | 38 | 20 | 29 | 30 | 18 | 21 |
| 4 | 46 | 24 | 12 | 12 | 9 | 10 |
| 5 | 18 | 9 | 9 | 9 | 11 | 13 |
| 6 | 7 | 4 | 1 | 1 | 5 | 6 |
| More than 6 | 12 | 7 | 3 | 3 | 4 | 5 |
| Missing | 25 | | 2 | | 0 | |
| Total | 214 | 100 | 99 | 100 | 87 | 100 |

No clear pattern is evident from the three years' figures, although the proportion of cases where the focus of work was on four or more areas was lower in 2004 – 2005 and 2005 – 2006, than in 2002 – 2004.

The average number of areas of work per referral are calculated in **Table 9** below:

Table 9
Numbers of areas of work per referral

| | 2002 – 04 | | 2004 – 05 | | 2005 - 2006 | | Total |
|--|-----------|---|-----------|---|-------------|---|-------|
| | No. | % | No. | % | No. | % | |
| Total number of areas of work | 616 | | 256 | | 247 | | 1119 |
| Total referrals | 214 | | 99 | | 87 | | 400 |
| Average number of areas of work per referral | 2.88 | | 2.59 | | 2.84 | | 2.80 |

The mean number of areas for referral over the four-year period was 2.8.

The main areas of work focused on 2005 – 2006 are described in **Table 10** below:

Table 10

| Areas of work focused on | 2005 – 2006 | |
|------------------------------|-------------|------|
| | No. | % |
| Help with Housing | 24 | (27) |
| General Support | 24 | (27) |
| Parents and Tots | 21 | (23) |
| Toy Bag | 14 | (16) |
| Financial Help | 13 | (15) |
| Liaison with other agencies | 11 | (13) |
| Work on parenting skills | 10 | (12) |
| Refer to Counselling Service | 7 | (8) |
| Listening visits | 7 | (8) |
| Child development | 7 | (8) |

Access Sure Start Bramley, information provided, liaison with GP / Health Service and furniture provided were each cited 6 times.

Access Post-natal Depression Group, access Nursery, parents' mental health, access Speech and Language Service, and information or help on courses provided were each mentioned 5 times.

Access / accompany to activities, get to know area, and find / give information on child care were each mentioned 4 times.

Liaison with Education, encourage parent to access groups or other services, child behaviour, English / ESOL classes, dental services, and pregnancy were each mentioned 3 times.

Help with domestic violence, play provision / work, information or help on volunteering, advice on work / employment, signposting, custody / parental access to children issues, and mediation were each mentioned twice.

A further 16 types of service were each mentioned once.

Table 10 illustrates the wide variety of areas of work focused on by Sure Start Bramley.

There are similarities and some differences with the data sets completed for 2005 – 2006. *Housing, general support, financial help and parenting skills* are all mentioned relatively frequently, as in 2004 – 2005 *Parents and Tots* and *Toy Bag(s)* are also both mentioned relatively frequently in 2005 – 2006, for the first time, reflecting an increase in this area of activity.

Domestic violence is mentioned relatively infrequently, with more help focusing on accessing *Post Natal Depression groups* or on supporting parents' *mental health*. The small number of cases (2) in which domestic violence was an explicit focus of work may have reflected a drop in numbers of cases where work was completed during 2005 – 2006, where work in this area was required. This may have been influenced by the earlier closure of the Women's Group supporting women who had experienced domestic violence. Reading the completed file review forms reveals that the category of *General Support* – twenty-four cases, included both emotional and practical support, and signposting to other services. The families interviewed for the qualitative evaluation included four where domestic violence was either a main or a supplementary focus of work.

Services mentioned only once included *work on child neglect / abuse, bereavement, drugs, asylum and immigration, and joint support with Social Services*. Each of these would be likely to involve a substantial allocation of time by the Outreach Team.

Child protection or Neglect issues

Table 11 below provides information on the number of cases in which child protection issues were identified for both data for the three time periods.

Table 11
Child Protection or neglect issues

| Child Protection issues | 2002 - 04 | | 2004 - 05 | | 2005 - 2006 | |
|-------------------------|------------|------------|-----------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| Present | 38 | 18 | 9 | 9 | 8 | 9 |
| Absent | 176 | 82 | 90 | 92 | 79 | 91 |
| Total | 214 | 100 | 99 | 100 | 87 | 100 |

The number of cases in which *child protection* or *neglect* issues were identified by the Outreach Team is about the same in 2005 – 2006 as for the previous year.

Table 12 below shows the number of families where *Social Workers* were involved for the last two years:

Table 12
Social Worker involved *

| Social Worker involved or not involved | 2004 - 05 | | 2005 - 06 | |
|--|-----------|------------|-----------|------------|
| | No. | % | No. | % |
| Involved | 18 | 18 | 19 | 22 |
| Not involved | 81 | 82 | 68 | 78 |
| Total | 99 | 100 | 87 | 100 |

* Data was not collected for 2002 - 2004

Numbers of cases in which *Social Workers* were involved were very similar for the two years (proportion slightly higher for 2005 – 2006).

Reasons for ending involvement with families for the three time periods are summarised in **Table 13** below:

Table 13
Reasons for ending involvement (pre-coded categories)

| Reasons for ending involvement | 2002 - 04 | | 2004 - 05 | | 2005 - 2006 | |
|--------------------------------|------------|------------|-----------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| Moved away | 50 | 40 | 15 | 36 | 17 | 27 |
| Access appropriate services | 19 | 16 | 9 | 21 | 9 | 14 |
| Achieved independence | 13 | 11 | 7 | 17 | 9 | 14 |
| Children taken into care | 8 | 7 | 0 | 0 | 1 | 1 |
| Problems solved | 6 | 5 | 2 | 5 | 11 | 17 |
| No access | 26 | 21 | 9 | 21 | 17 | 27 |
| Total | 122 | 100 | 42 | 100 | 64 | 100 |

The proportion of families where the reason for ending involvement was *moved away* reduced over the three-year period. This may indicate that Sure Start Bramley has been providing for a population which has been becoming more stable in their area of residence.

Estimated level of work

An estimate of the level of work undertaken by the Outreach Team for 2005 – 2006 was made in eighty-eight cases (one more case than for other data sets) using the Hardiker Grid, as in previous years. Information about the Hardiker Grid is included in **Appendix 5**.

Grading Scale

Levels of work in **Table 14** below have the following definitions, as for 2002 – 2004 and for 2004 – 2005.

Level 1: work has mainly involved liaison and signposting to both general and Sure Start services.

Level 1.5: the Worker has spent time supporting the family, with the main emphasis on signposting and liaison.

Level 2: clear evidence of time spent on supporting / counselling the family, as well as liaison and signposting activity.

Level 3: key worker role with children and families with complex needs requiring intervention.

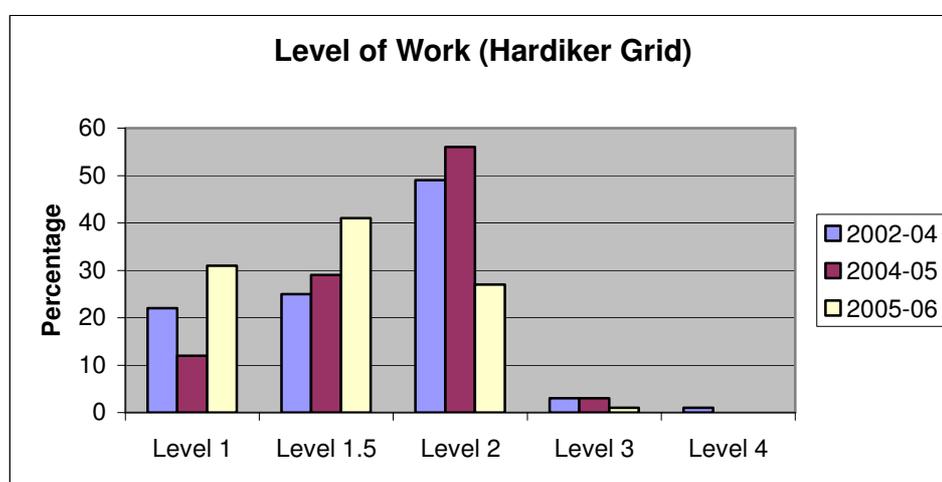
Level 4: key work role with children and families in crisis needing urgent and / or intensive intervention.

Note: The assessment was made on the basis of the data summaries provided, not on individual discussion with members of the Outreach Team. Regard was paid to the level of work undertaken directly by Sure Start Bramley, rather than to background problems which SSB was aware of (and where other agencies may have been taking a lead role).

Table 14

Level of work (Hardiker Grid)

| Level of Work | 2002 – 04 | | 2004 – 05 | | 2005 – 2006 | |
|---------------|------------|------------|-----------|------------|-------------|------------|
| | No. | % | No. | % | No. | % |
| Level 1 | 37 | 22 | 10 | 12 | 27 | 31 |
| Level 1.5 | 41 | 25 | 25 | 29 | 36 | 41 |
| Level 2 | 80 | 49 | 49 | 56 | 24 | 27 |
| Level 3 | 5 | 3 | 3 | 3 | 1 | 1 |
| Level 4 | 1 | 1 | 0 | 0 | 0 | 0 |
| Total | 164 | 100 | 86 | 100 | 88 | 100 |



In 2005 – 2006 the proportion of Level 1 and Level 1.5 cases was higher, and the proportion of Level 2 cases was appreciably lower. It should be stressed that the categorisation was a subjective exercise carried out by the evaluators and, as such, provides an overview of the work undertaken rather than a description of real differences in the levels of work undertaken. It is important to note that this categorisation contrasts with the levels of work for the eighteen families interviewed (most of whom were not included in the File Review as work was continuing) where almost all the work carried out was at Levels 2 and 3.

Trends

Overall, the pattern evident from the data for the three time periods between 2002 – 2006 was one of consistency and stability. Trends noted by the independent research consultant were as follows:

- (i) The relative proportion of referrals to SSB made by health visitors decreased over time in a linear way.
- (ii) There is a clear trend for the numbers of reasons for referral to decline over the three-year period (see **Table 6**). This might suggest that the population served has been becoming a little less problematic during the study period, although the trends could be explained by differences in coding and data included on File Review forms.
- (iii) On the other hand, the total number of areas of work undertaken by Sure Start Bramley was almost as high for 2005 – 2006 as for the preceding year, and the mean number of areas of work per referral was higher in 2005 – 2006 than for the previous year. This could indicate a pattern of rather more work being undertaken with a slightly reduced caseload.
- (iv) There was a decline in the proportion of referrals giving domestic violence as a reason for referral over the five-year period (2002 – 2004 = 21%; 2004 – 2005 = 11%; 2005 – 2006 = 8%). A contributory factor could have been the termination of the SSB Women's Group midway through the period.
- (v) The proportion of families where child protection or neglect issues were identified, or where Social Workers were involved remained constant as between 2004 – 2005, and 2005 – 2006. This indicates that the amount of time allocated to families with complex child protection issues requiring a multi-agency approach, was fairly similar.

Interviews with eighteen families: Qualitative data

Interviews were carried out between March and April 2006. The section includes a summary of information about the eighteen families; analysis of the Assessment Grids completed by parents for their children and for themselves; and a thematic analysis of the content of the interviews. Members of the Outreach Team are referred to by number (OR1 – OR6) e.g. OR1 indicates Outreach Team Staff Member, 1.

Data Summary

Two-thirds of the families (12 / 18) were lone parents, and one-third (6 / 18) were two-parent families. The proportion of lone parents was higher than for the overall sample.

The ethnicity of the families interviewed are described in **Table 15** below:

Table 15

| White British | North European | Dual Heritage | Nigerian | South European | Total |
|---------------|----------------|---------------|----------|----------------|-------|
| 14 | 1 | 1 | 1 | 1 | 18 |

Fourteen out of the eighteen families were White British.

Numbers of children under four in the eighteen families are shown in **Table 16** below:

Table 16

Number of children under 4

| Number of children | Number of families |
|--------------------|--------------------|
| 0 | 2* |
| 1 | 11 |
| 2 | 4 |
| 4 | 1 |

* These two families both had a daughter aged 4

Table 17 shows the total number of children in the eighteen families.

Table 17

Number of children in the 18 families

| No of children | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Total |
|----------------|---|---|---|---|---|---|---|-------|
| No of families | 4 | 5 | 1 | 4 | 2 | 1 | 1 | 18 |

Nine families had one, two or three children. Eight families had four or more children. The average number of children per family was three.

The families' length of contact with the Outreach Team is shown in **Table 18** below:

Table 18
Length of contact with the Outreach Team

| Up to 6 months | 7 – 12 months | 1 – 2 years | 2 – 3 years | 3 – 4 years | 7 years | Total |
|----------------|---------------|-------------|-------------|-------------|---------|-------|
| 3 | 2 | 3 | 5 | 4 | 1 | 18 |

The average length of contact between the families and the Outreach Team was about two years, much longer than for the families included in the File Review of 2005 – 2006 (where the average length of contact was 6.1 months).

Problems and services for the eighteen families are summarised in **Table 19** below:

Table 19
Problems and Services

| | |
|--|----|
| Multiple problems and services | 10 |
| Receiving counselling | 8 |
| Isolation / Agoraphobia | 6 |
| Domestic Violence (2) / Post-Natal Depression (2) | 4 |
| Asylum Seeker | 1 |
| Teenage Mother | 1 |
| <i>Most of the families were receiving emotional / family support / crisis support</i> | |

Data Summary: Assessment Grids

This section summarises the Assessment Grids completed by parents about the impact of Sure Start Bramley on children and on themselves.

Table 20 summarises the Assessment Grids completed by parents for children.

Table 20
Summary of Assessment Grids: SSB's Impact on Children

| | New Friends | Confidence | Development | Speech & Language | Health | Learning | Behaviour |
|--|--------------------|-------------------|--------------------|------------------------------|---------------|-----------------|------------------|
| No data | 1 | 2 | 1 | 2 | 5 | 1 | - |
| Much worse | - | - | - | - | - | - | 1 |
| Worse | - | 1 (H) | - | - | - | - | - |
| Same | 3 | 2 | 1 | 3 | 8 | 2 | 6 |
| Improved | 7 (H) | 6 (M) | 6 (M) | 4 (M) | 2 (M) | 9 (M) | 7 (M) |
| Much improved | 5 (H) | 4 (H) | 8 (H) | 7 (H) | 1 (H) | 4 (H) | 2 (H) |
| TOTAL | 16 | 15 | 16 | 16 | 16 | 16 | 16 |
| Notes: Scores completed for 16 children from 14 families H = <i>High</i> Impact of Sure Start; M = <i>Medium</i> Impact of Sure Start Summary: Two-thirds children improved on all except <i>behaviour</i> (9/16) and <i>health</i> (3 / 16). <i>Much improved</i> scores attributed to SSB. | | | | | | | |

Fourteen out of the eighteen families completed Assessment Grids for (16) children.

Table 20 indicates that Sure Start Bramley had the highest impact on children's *development* (14 / 16 improved) followed by *learning* (13 / 16 improved); followed by *making new friends* (12 / 16 improved).

There were also positive impacts on *Speech and Language* (11 / 16 improved); and *confidence* (10 / 16 improved).

Improved behaviour was observed for just over half the children (9 / 16), while six remained the same.

Less improvement was observed in *children's health* (3 / 16 improved, while eight remained the same).

Parents ascribed a high level of impact from Sure Start across all domains where clear improvements (*much improved* category) were observed.

Table 21 below summarises Assessment Grids completed about SSB's impact on parents.

Table 21
Summary of Assessment Grids: SSB's Impact on Parents

| | New Friends | Isolation / Contacts | Parenting Skills | Health | Confidence | Motivation |
|---|--------------------|-----------------------------|-------------------------|---------------|-------------------|-------------------|
| No data | - | - | 1 | - | - | - |
| Much worse | - | - | - | - | - | - |
| Worse | - | - | - | 1 | - | - |
| Same | 5 | 3 | 3 | 2 | 1 | 2 |
| Improved | 3(M) | 8(H) | 5(M) | 6(M) | 6(H) | 5(H) |
| Much improved | 9(H) | 6(H) | 8(H) | 7(H) | 10(H) | 10(H) |
| TOTAL | 17 | 17 | 17 | 16 | 17 | 17 |
| <p>Notes: Scores completed by 17 parents (all mothers) H = <i>High</i> Impact of Sure Start; M = <i>Medium</i> Impact of Sure Start</p> <p>* Motivation explained as readiness to get involved, respond to challenges</p> <p>Summary: Nearly all parents improved on <i>confidence</i> and <i>motivation</i>; and most parents improved on other dimensions (including <i>health</i>, often taken to mean mental health)</p> | | | | | | |

Parents' Assessment Grids indicate that the clearest gains were in relation to *confidence* (16 / 17 improved); followed by *motivation* (15 / 17 improved); *isolation / contacts* (14 / 17 improved).

Parents observed more improvements in their own *health* (14 / 16 improved) than for their children. Parents' definition of health included *mental health* aspects and *general well-being*.

A majority of parents made *new friends* (12 / 17 improved); and developed new *parenting skills* (13 / 17 improved).

Improvements in *isolation / contacts, confidence and motivation* were strongly associated with Sure Start's influence.

Parents identified a high level of impact from Sure Start across all six domains where clear improvements (*much improved* category) were observed.

As for the Children's Assessment Grid, where parents observed clear gains (*much improved* category) these were strongly associated with Sure Start's influence.

Table 22 below summarises information about the eighteen interviews with parents and the level of work undertaken.

Table 22
Parents Interviewed: Summary and Level of Work

| No | LP/2P | No of Chn | Eth | Lngh of inv. SSB | Problems / Issues | Evaluators' estimate of Level of Work (Hardiker Grid) |
|-------------------------|--------------|-----------------|----------------|-------------------|--|---|
| M1 | 2P | 3 | WB | 7 yrs | Sexual abuse of dtr; multiple services | 2 / 3 - 2 |
| M2 | LP | 4 | WB | 2 – 3 yrs | Serious disability of child; range of servs provided | 3 - 2 |
| M3 | LP | 2 | N European | 3 – 4 yrs | F4 eating disorder; multiple problems | 3 - 2 |
| M4 | LP | 2 | WB | 2 yrs | Isolation; pnd; rel. probs | 2 - 2 |
| M5 | LP | 5 | WB | 2 yrs | Isolation; child care & chns behaviour | 2 - 1 / 2 |
| M6 | LP | 2 | WB | 1 yr | Parenting, rel & mental hlth issues | 2 / 3 - 2 |
| M7 | 2P | 4 | WB | 3 yrs | Relationship issues / grief & loss | 2 / 3 - 2 |
| M8 | LP | 4 | WB | 3 yrs | Serious dv; sudden death of partner | 3 - 2 |
| M9 | 2P | 4 | WB | 1 yr | Younger chn in foster care | 4 - 3 |
| M10 | LP | 2 | WB | 7 mths | Agoraphobia; grief; loss | 2 / 3 - 2 |
| M11 | LP | 4 | WB | 2–3 yrs | Chn on CPR; isolation; agoraphobia | 3 - 2 |
| M12 | 2P | 7 | WB | 2-3 yrs | Crisis support | 2 - 2 |
| M13 | LP | 1 | Nigerian | 5 mths | Asylum-seeker, teenage mother | 2 / 3 - 1 / 2 |
| M14 | 2P | 1 | S European | 7 mths | Isolation / agoraphobia | 2 - 2 |
| M15 | 2P | 2 | WB | 18 mths | Serious PND; fam support | 3 - 2 |
| M16 | LP | 1 | WB | 3 yrs | Serious dv; death of partner | 3 - 1 |
| M17 | LP | 1 | WB | 6 mths | Teenage parent | 1 / 2 - 1 |
| M18 | LP | 6 | WB | 6 mths | Chn on CPR; fam support | 3 - 3 |
| Totals / Summary | 12LP 6 2P | Mean = 3 chn | 14 WB 4 BME | Mean = 2 years | | 14 improved 4 stayed the same |

Key

M = mother; LP = Lone Parent' 2P = Two Parent; WB = White British; BME = Black and minority ethnic groups; CPR = Child Protection Register; PND = Post Natal Depression

* estimate based on parents' interviews, transcripts, evaluators' notes and interviews with Outreach Team staff

Note: Two-thirds of the families were headed by lone parents. Average family size was three children. Four out of the eighteen families were from ethnic minority groups. Average length of contact with SSB was two years. The mean level of work (Hardiker Grid) with the eighteen families was estimated by the evaluators to be Level 2 / 3 at the start of contact, reducing to Level 2 by the time of the interviews. With reference to the Hardiker Grid, fourteen families improved and four stayed the same after support from SSB.

Thematic Analysis

Parents' evidence: Thematic analysis

This section is based on transcriptions and evaluators' notes of eighteen interviews carried out by the evaluators with this group of parents, all mothers. Parents are referred to as M1 (M = mother) – M18. Members of the Outreach team are referred to as OR1 – OR6. Evidence from Sure Start Bramley workers, who were also interviewed by the evaluators, is integrated within the thematic analysis. (Direct quotes are in italics).

The main themes which emerged from reviewing transcripts and interviewers' notes from the parents interviews were: a multiple service model; experience of Sure Start Bramley; counselling services; independence / dependence; experience of Social Services and other agencies; and the impact of Sure Start Bramley on children.

Multiple problems and services

As shown in **Table 19**, parents' evidence acknowledged a substantial range of problems. Needs assessments carried out by the Outreach Team identified a range of services either delivered directly by Sure Start or its partners, frequently in combination with statutory authorities.

For M1, whose contact with SSB continued intermittently over seven years, the range of issues for which help was sought and provided included *isolation; contact with other parents; housing information; mental health issues (depression); relationship*

with partner and family; information on child development including speech and language and managing children's behaviour. M1 was signposted to a number of services, accessing *smoking cessation, debt counselling, play groups, training courses, volunteering opportunities and taking part in SSB trips.* A similar pattern of needs assessment leading to multiple service responses was evident for eight other families (M3, M4, M5, M6, M8, M15, M16 and M18).

Concerns about non-accidental injury had led M18's children to being placed on the Child Protection Register. Within the space of a few months the SSB needs assessment, carried out by the Outreach Worker, led to M18 accessing counselling, a Post-Natal Depression group, intensive support by the NSPCC for her older children and regular visits by Home Start. These were in addition to intensive support being provided by the Outreach Worker herself and the SSB Play Worker.

Much of the support provided focused on responding to the mother's own needs for emotional support and help with inter-familial relationship problems. M15 found the Post-Natal Depression group run jointly by SSB, the NSPCC and the Primary Care Trust (Health Visitors) particularly helpful.

It was...like having somebody to talk to who knows what you're going through...With the Depression Group I was starting to feel a lot better about myself...My partner noticed a really big change. He used to look forward to me going on a Friday...they knew if one week you were having a bad (time), they just knew...they'd take you into a different room and have a chat and stuff. They were fantastic...you knew you weren't gonna get judged.

Her partner struggled to come to terms with M15's depression, and the NSPCC worker delivering the PND group visited him to provide him with more information.

Multi-agency partnership work involving Social Services, the local school and SSB was a key feature of help provided for M11 whose children had earlier been on the Child Protection Register, linked to M11's drinking habit and the children not attending school. The Outreach Team observed a *massive improvement* in family functioning and M11 was one of a number of mothers who became an informal volunteer for SSB. The multi-agency approach also involved the Health Visitor, Sure Start's Speech Therapist, and the SSB's Play Worker.

M2 had extended contact with SSB stemming from the needs of her severely disabled child – the child’s disabilities included visual impairment. M2 was unusual in recognising her Outreach worker’s co-ordinating role, (a role which was akin to that of a care manager) bringing professionals together and working as a team. SSB’s Play Worker and SSB’s specialist counsellor, M2’s social worker, and the Outreach Worker himself were the key members of the team, for all of whom M2 had nothing but praise. M2 said that SSB *gave me my respect and dignity...they keep the balance between helping and not invading my privacy...they praise me (and) tell me what I’m getting right.*

Many of the parents interviewed particularly valued SSB being able to provide practical help, as well as help with relationship issues and social skills. OR4 forged a link with M10, who showed clear signs of agoraphobia, by providing help with play equipment and gifts for the children’s birthdays and Christmas. M13, a young Nigerian asylum-seeker, called at the Sure Start Resource Centre for help with her baby’s buggy. OR5 was able to help her with baby clothes and equipment. OR5 also provided much practical support to help M14 (both M14 and her husband were from Southern Europe, and had recently arrived in Bramley from London) to enable them to move from totally unsuitable accommodation to a decent privately rented house.

M16 had to move house after the death of her husband. The help provided by the whole Sure Start team was exemplary:

I didn’t have a penny to my name. I’d got this house, got a moving day and I’d no money for a removal van. They said, “We don’t normally do it, but we know as soon as you get yourself sorted you’ll pay us back”. They bought me a new bed;(and) paid for the removal van. They paid for somebody to come down and plumb the gas, the electric and things like that. Oh they were brilliant...This was a one-off. Nobody ever knew about it. But obviously, as soon as I got my job back I paid them straight back. They were just great. Just like a family.

Counselling

SSD was unusual in that OR3 was herself a trained counsellor (funded by SSB) and other counselling services were available locally through the NSPCC, and through Leeds Early Years Service located at SSB's Nursery. M16 was one of a number of parents who valued the combination of support from her Outreach Worker, focusing more on practical and emotional support, while also accessing formal counselling sessions from OR3. They had contrasting styles and contributions...*(Name of OR3) was my counsellor, so I used to go to see her every week. She's really only there to talk, not for her to talk, (but) for me to talk...sort of dealing with your emotional side...whereas (name of OR2) was 'Right, we need to get you moved out...you need a house. I'll speak to the Council for you'. (She) was more with the "hands on" things. 'You're a single mother on your own. You can claim for this benefit. Get this form filled in and I'll sort it out' or 'What do you need? Have you got a washer? Have you got a cooker?'... (all the things) you needed to help you move on.*

M3, who saw her counsellor for twenty weeks, put an equal value on the counsellor's and the Outreach Worker's roles...*I would have killed myself if it were not for the counsellor and (name of Outreach Worker).* M8 felt that her life had been completely turned round through her contact with Sure Start. OR3, as her counsellor, was described as *more professional* and OR4, her Outreach Worker, as...*more like a friend.* M18 benefited from practical support from OR5, and counselling from OR3...*so (the help) is for me as well as the kids.* M2, who had to deal with a lot of professionals because of her daughter's disability, described counselling with OR3 as having *give(n) me the confidence to challenge others.*

In one case a mother (M7) had some difficulty separating out counselling she was receiving from an independent service with support she was being given by OR3, whose support included picking up the pieces after her counselling sessions.

M9 described counselling organised through SSB's Nursery as valuable, but commented that it brought to the surface much emotional turmoil, some of which had been dormant since much earlier in her life...*It has been productive, but it can...open a 'can of worms' at the same time. You've got an hour to release all this emotion and upset, and then you've got to try and store it all back up. If my daughter sees me crying, she cries, you know...it's trying to get a balance where you're actually*

learning to express things properly, and grieve or mourn, where that's impacting on your children.

Experiences of Social Services and other Agencies

Parents supported by Sure Start Bramley were likely to have had more strained relationships with Social Services, as the statutory agency overseeing the Child Protection Register and with powers to remove children through the Courts. Unsurprisingly, evidence emerged from the interviews of parents “splitting” their positive perceptions of the usually informal help provided by Sure Start and more negative perceptions of Social Workers’ roles.

Outreach Workers, however, were able to successfully mediate the negative perceptions for a number of families interviewed. One example already noted was M2 regarding her Social Worker as a positive part of her support team co-ordinated by Sure Start Bramley. There was evidence of close liaison between OR1 and Social Services during the period when M11’s children were on the Child Protection Register. OR5 worked closely with Social Services, who were monitoring M18’s children on the Child Protection Register, in developing a network of support for the family; Social Services reciprocated by paying for M18’s transport to sessions at the Sure Start Resource Centre. M12, who experienced consistent support from OR2, fully accepted the legitimacy of Social Services’ investigations into her son’s inappropriate (sexualised) behaviour. The Outreach Team provided reassurance for M3 when allegations made by one of her friends about her care of her children had to be followed up.

M10 had also been investigated by Social Services after her baby sustained an injury, soon after M10’s mother had died. She had found Social Services *nasty, to tell the truth*. However, she had had experience of social workers previously and succeeded in having a new social worker allocated...*and we got it sorted out, so it was all-right*. M9, whose children had been on the Child Protection Register and then taken into foster care, distinguished clearly between Social Services’ and Sure Start’s role...*Social Services are very judgmental in terms of what they don't like,..... they don't give you ideas of how to do the right thing. Sure Start always... 'put their money where their mouth is'...people love their jobs who work for Sure Start. Those I've met have always been enthusiastic...they have a much better way of managing people.*

Social Services had been involved with M8 after the birth of her younger child. M8 had found them “*not that helpful*”, although she acknowledged very positive support from her Health Visitor (as well as from Sure Start). An allegation of sexual abuse against her daughter when she was just eleven months old seems to have been the root cause of M1’s difficulties. M1 seems not to have been able to have overcome her earlier negative experiences...*I never got on with (Social Services) because of my background. I was in a children’s home...I have problems with my thirteen-year old (son) but won’t have Social Services involved.*

There was only one instance of opposition between Social Services and Sure Start from the families interviewed. This was the case of M13, the young asylum-seeking mother. Her social worker felt that M13 was not able to cope on her own, living in supported lodgings. OR5, supported by M13’s Health Visitor, saw evidence of M13 caring for and feeding her baby herself, and joining in Sure Start activities including planning to sign up for a desk-top publishing programme to improve her chances of employment, - all signs of her developing independence. This case appears exceptional, however. There were several examples of the Outreach Team seeking out opportunities to collaborate positively with their Social Services colleagues, and to minimise families’ negative perceptions of Social Workers.

Independence / Dependence

Achieving independence was a clear objective for Sure Start in working with the mothers interviewed. Some of them had substantial and enduring problems when interviewed, and their continuing dependence on the Outreach Team’s help was not inappropriate. In other cases, substantial needs were being uncovered as help was provided, and the scale of provision offered by Sure Start inevitably entailed incurring a measure of dependency. There was also evidence of several mothers having used Sure Start’s help appropriately and moving on to achieve independence.

Some families would need to return to Sure Start for help in crises. Others, (a smaller number) found it difficult to “move on” or would even go to extreme lengths to remain involved with Sure Start. One mother and her Outreach Worker both referred explicitly to her (the mother) having become pregnant with her youngest child as a means of ensuring continued involvement with Sure Start, even though the pregnancy was against medical advice. Notwithstanding this, her Outreach Worker

had observed clear improvements in this mother's confidence and engagement with the community.

M10's agoraphobic tendencies have already been noted. OR4 sought out opportunities to establish a relationship with M10 as a first step towards this mother achieving contacts with the outside world. This relationship unsurprisingly included some elements of dependency. M10 was subject to panic attacks, possibly linked to her experience of grief and loss, which OR5 was helping her to manage, and she was becoming more confident with visitors. She saw OR5 *as a friend who works at Sure Start...I feel like I've got somebody else there to hang on to...I wouldn't like to change her for anybody else*. M9 had experienced the trauma of her children being assessed and taken into foster care; she continued to rely heavily on emotional support from OR2. Similarly, M8, having had previous help with domestic violence, had resumed contact with OR4 after the sudden and shocking death of her partner. OR4 had supported M8 through the ensuing court case and described her as still *volatile, very up and down*. M18 had started a programme of intensive and varied support orchestrated by OR5: she was relishing the support available...*well I've never had the services before that I'm getting now, anyway, so it's the first time for me*. OR5 had been visiting M18 intensively and was starting to wonder if she was receiving *too much support*.

OR3 had concerns about M7 becoming dependent on her support. Boundaries between M7's relationship with her counsellor and OR3 had become blurred, - M7 had said that she wanted OR3 to be her friend. OR3 acknowledged some of the complexities in their relationship:...*(M7) has had a lot of messy endings in her life – she's very lonely, and finds it difficult to trust people, and when she finds someone she can trust, she hangs on...but she's honest and good at looking at things*. M7 had joined a gym, which was a step forward.

Two parents had experienced problems of the most serious kind, but showed no signs of inappropriate dependence. After interviewing M2, the evaluator observed that she was a person who had a great deal of inner resources, but who also experienced specific and serious difficulties because of her severely disabled child; she presented as someone who needed a "leg up" rather than an ongoing "crutch". M16 had needed, and received, an exceptional level of help from Sure Start following her experience of domestic violence and her husband's death. After moving house she was able to resume her career. She impressed the evaluator as an extremely

resilient person who had been helped to deal with out of the ordinary and traumatic problems.

Other parents occupied different positions between the extremes of dependence and independence. M14 was a qualified professional, but following her move from Southern Europe and London she was reluctant to leave her home. OR5 was concerned about her intense relationship with her daughter and was concerned that she remained closely dependent on her Outreach Worker (like M7 she wanted to be friends with her Outreach Worker) and was unable to access other services available to her. Apart from her move to her new home, OR5 could see little evidence of progress.

But there were success stories as well. M11 had made real progress in tackling her agoraphobia...*I've made more friends since I started coming here*, and she was starting to look for a job. *If it hadn't been for (name of OR1) I'd still have been going home and locking my door behind me, making sure nobody's following me home.* M11 was commended by OR1 for having taken the lead in organising a family holiday at the Sure Start caravan. M11 and M12 were both able to work as informal volunteers for Sure Start, M12 becoming an invaluable helper at the Tea Time Club. M12 had started to work as a dinner-lady in a local school. At crisis points OR2 had been able to offer much support, but she saw M12 and her partner as basically good parents, able to deal with family problems, and giving much back to the community.

Another parent, M6 who had described the problems of having a *nightmare baby*, had benefited greatly from the range of support received from Sure Start. She felt she had made real progress – she was in a new relationship and attributed its success to what she had learnt from Sure Start. Her confidence had improved and, after interviewing her, the evaluator commented on how she had used the help on offer to deal with *difficult issues in relationships and expressing emotional pain and past issues*.

Finally, mention should be made of the two teenage parents interviewed, M13 and M17, both of whom took advantage of the opportunities which Sure Start provided. M17 had been visited by OR3 but had been told that she would not need individual help...*She (OR3) says I'm all-right 'cos he (her son)'s looked after.* M17 was attending a number of courses at SSB with obvious enjoyment and benefit to herself...*When I used to come to places before I used to be really quiet but*

now...I've got more confident. When M17 visited Sure Start she said...you get to just sit there and talk about all your problems, and they all listen...they just treat us like friends...like young adults and not like little teenage mums who are very silly for having a baby. M17 had already recruited two of her friends to join in Sure Start activities. OR5 noted that M13, attending the same young parents group as M17, really enjoyed the company of other boisterous young mothers. M13 was joining in group activities at Sure Start (where no doubt she was one of very few black participants)...When I come to the family group they make me laugh, yes. They make me feel at home. It's so marvellous to wake up...you feel relieved because you can go there. It makes me happy.

Comments on Sure Start Bramley

Much of the evidence about the mothers' appreciation of help from the Outreach Team, and from SSB has already been covered. Indeed, all eighteen mothers praised Sure Start for the help which they had received. (Out of all the interviewees M12 is perhaps the one who struggled most for words, summing up her feelings for Sure Start in one word: *fabulous*). Unstinting praise from all sources is unusual, and can perhaps be put down to these mothers, all of whom had experienced real and serious difficulties or issues, feeling genuine gratitude for having been treated well and offered support. Themes emerging from these comments included the perception of Sure Start Workers as *friends*; the view of Sure Start as representing a kind of substitute *family*; and the importance of help received from the Sure Start team, as well as from individual workers.

Interviewees frequently described the service provided by SSB as *friendly*. M18 said that Sure Start staff...*really are friendly*. M15 had experienced severe post-natal depression. She described her Outreach Worker as *like a friend, I can tell her everything*. She was a friend who could be relied on:...*Just somebody there for you, like you can talk through all your problems and they're not gonna blab 'em to anybody*. After being supported through the move to her new home, M16 elevated the Sure Start workers to an even higher plane:...*Just like saints they were* (!). M16 appreciated support from the whole Sure Start team, from Reception up to the Programme Manager. Her Outreach Worker (OR2) was actually on holiday when M16 moved, and M16 welcomed the continuity of support which she received from other team members while OR2 was away.

The frequent references to Sure Start as being *like a family* seem to imply a high degree of unconditional acceptance and close relationships. M3 said that *Sure Start know more about me than my Mum and Dad...they make me feel welcome*. M9's evidence referred to having *made friends with the Sure Start team* – her own family lived far away and OR2 commented that M9's relationship with their mother had broken down – she had few friends and family of her own. M8 and M10 both referred to contacts with their family, but felt that they could rely more on Sure Start's support...*'cos, like, having family's not the same. You always need an outsider* (M10). M13, from Nigeria, was the furthest away from her family, with no contacts in Bramley to start with: Sure Start (and the Baptist Church) helped to fill the gap. M16 had been cut off from her own parents by her abusive husband. She described Sure Start as *very welcoming...like a big happy family*.

Other comments made by the mothers interviewed illustrate the high regard in which Sure Start was held:

Sure Start don't give up, you're doing a great job (M1).

Sure Start are such ace people (M6).

They've been fantastic...(Name of Outreach Worker) has been a rock (M7).

M14 felt she had been empowered by Sure Start:

...In the beginning when I came here I was almost feeling like crying. Talking to (name of Outreach Worker), she made me much stronger emotionally, and also mentally and physically...I have to say Bramley Sure Start, they give me very much some power inside of myself...to be very strong.

M8 described a similar process:

...Before I went to (SSB) I had no friends; no confidence; nothing at all compared to now. My life has just totally turned round. I've got friends; I've got my family back; I've got my confidence; I'm not depressed any more...I'm coping a lot better with the kids, just every aspect of it. I feel happier in myself...I mean, there were times when I was suicidal and going to the

doctor's, but now...I'm really happy. My kids are a lot happier as well...it is all because of Sure Start...definitely.

M8 had been helped particularly to cope with her past experience of domestic violence...*They're making me realise that I'm not a "nobody", 'cos I am a "somebody".* M8 attributed the progress she had made to going to the women's group, having counselling from OR3, and the support of her Outreach Worker, OR2.

Sure Start's impact on Children

M16 visited the Sure Start office in the hope that some help would be available for her, facing extreme abuse from her partner...*I took that chance...and thought "Please let them do something for me. I don't even know what it's all about".* M16 said...*When you see Sure Start you think it's to do with kids and reading and playing, but not like they could help you with this (problems of domestic violence) as well. I don't think people are aware of that.*

Although M16 fully acknowledged the benefits which her three-year old daughter had obtained from Sure Start, through attending an early learning centre, she particularly emphasised the value of the help she had received herself.

M16's views were reflected in the narratives of other parents. All of them valued the help they had received themselves. M7 said: *Parents need help to become better parents and always put children first.* M2 felt that she had been given a raft of helpful strategies to help her deal with her daughter's severe disability. Children were frequently the indirect beneficiaries of the help received by their mothers.

However, in a number of cases, the mothers' evidence highlighted the direct benefits which children had received from Sure Start. Two mothers, M9 and M15, were unstinting in their praise for the positive impact which the Sure Start Nursery (situated very close to the Sure Start Resource Centre) had had on their children. M9 described how her three-year old daughter was progressing at the Nursery...*I think she's learning an awful lot, like how to play and how to share. I think they (the Nursery) can teach your kids in different ways than you can at home.* When M9 was thinking that she was a bad mother, Sure Start had said...*Look at (name of daughter), she's a credit to you. She's a lovely little girl...highly intelligent...very articulate and immaculately turned out. She's so happy.* M15's son went to the Sure

Start Nursery when M15 had been temporarily incapacitated...*He came on in leaps and bounds at the Nursery...the staff were fantastic...One time I got a taxi up, just to see what it was like in the Nursery, and I sat in there for a bit...His little face would light up, and he just loved it.*

Sure Start and Social Services had provided funds for M8's youngest children to attend a crèche run by a partner voluntary organisation in Bramley. M8 said that before her daughter attended the group...*she wouldn't go to anybody, she always wanted me...but since she started that group she's not as clingy and she'll go to people...She's so happy there, you know, she loves them. I watch her, nine times out of ten she'll play.* Both her children had made real progress.

M18 appreciated Sure Start organising speech therapy for her younger children, and access to counselling for her sons (outside Sure Start's age range). M11 started to visit the Sure Start Shop, using the early years library service there and obtaining help with her youngest daughter's speech and development. M11 had seen her daughter's confidence grow...*When we started going to Sure Start, we couldn't understand her.* OR1 gave her daughter individual support...*she knows her colours now and she can count to fifteen.* Her daughter persuaded M11 to buy some flowers for OR1 which she presented to her *for helping me to talk properly.*

M11's youngest daughter was approaching five when M11 was interviewed. M11 looked for (and received) reassurance that she would still be welcome at Sure Start after her daughter was five. M10 was aware of the facilities, including Mums and Tots groups, for parents with younger children...*but there's Mums who have got kids under five, and over five, and it's not fair on the over fives.* She also drew attention to the lack of facilities for older children...*there's nothing going on in that Community Centre for older kids, apart from Teenage Mums.* Evidence from the interviews is that Sure Start, while focusing on their primary responsibilities for children under four, continuously emphasised the wider family support context of the service they provided.

Focus group discussion with the outreach team

This group was convened at the conclusion of the individual interviews with service users and was designed to offer a space to workers to offer their views about the effectiveness of their interventions. An initial brainstorm by the staff provided a range

of issues that they wished to discuss. However, the discussion tended to focus more strongly on some aspects than others and these are the ones developed further in this report. The evaluators also engaged with the discussion to clarify points of information, and after the main part of the discussion had been concluded, to discuss their preliminary analysis of the findings of the interviews in order to elicit feedback from workers. The group lasted for one-and-a-half hours and comprised three members of the team and one manager. The discussion was taped and a transcription of the tape forms the basis for this thematic analysis.

'You've got to be very aware of professional boundaries'

The issue of professional boundaries encompassed a number of themes. One outreach worker referred to the characteristics of the families worked with, in that many were seen as having little contact with extended families so *'they see you as a friend'*. Issues of friendship and professionalism are addressed in the literature and will be explored further in the discussion section. The length of time that a worker may be involved is also germane here. If visiting a family for a long period, it was felt the family could find it difficult to let go. As indicated in a previous section there is a literature on 'dependency' and again this issue will be returned to further in the discussion section.

In discussing the issue of professional boundaries, the theme of *appropriate disclosure* emerged as something to be reflected upon. The workers articulated a sense of self-disclosure as an ongoing, contextual activity which could help both with relationship building and establishing the worker's credibility. But this was also recognised as having the potential to de-stabilise professional boundaries. The following quotation articulates these themes:

I think we do give a bit of ourselves in a professional way. People don't know where we live. They don't know all about our lives, but I think because we do give a little bit sometimes, a parent whose child might have been up crying all night... I can certainly empathise with that because my son was like that. And just for somebody to say 'I know what it's like. I know how tired you can be'... you know we don't have the same experiences as everybody that we come across, but I think sometimes for them just to know that you've got a child does actually help them... Cos they don't just see you as somebody who's learnt it out of a text book

Giving of oneself could encompass both offering information about oneself, and crying with someone or giving them a cuddle. One worker told one of her single-parent families that she was a single-parent herself...*Although it was just a small piece of information about myself, sometimes it's about being honest.* Offering a hug to someone who hasn't *been hugged for ages either because they have not got a partner or whatever else* could be important.

A further issue in relation to professional boundaries concerned the fact that referrals were often by word of mouth, from families who had experienced the service and developed trust in the service. Thus workers could '*get very embroiled in families that live close to each other*'. This linked in with a further concern in that there was a danger of getting drawn into arguments between neighbours.

This overlaps with another theme, i.e. *issues involved in working very locally and living locally*. The workers recounted specific concerns about getting drawn into disputes which could result in referrals to social services by neighbours about each others' child care practices. But the workers could also receive such information themselves, including allegations of child abuse, as they would be known locally as the worker for a specific family. Their own family time could be 'intruded' upon- for example, when out shopping.

Sustaining a positive organisational culture

This theme arose particularly from the challenges involved in moving on from the initial stages of developing a Sure Start service. There was a recognition of being at a different stage in terms of worker and team development from the early days of developing a brand new service. It was, however, felt that the early enthusiasm and commitment had not dissipated, largely due to workers' ability to support each other as a team and through supervision. Developing new services, skills, or working with a new family were actively pursued: *...I think if everything just plods on and on, you get really jade*'. Furthermore, as one worker said: *... I think it's because we're always learning on the job..* Specific training courses, such as baby yoga, were identified as being valuable in inspiring workers as well as imparting new knowledge.

'Off loading'

Workers specifically identified both formal and informal supervision, and peer support, as crucial in helping them manage dilemmas such as those identified above and other aspects of the work. One member of the team said...*Our line manager's fantastic, because we know that we can just go to her whenever we want.*

Alternatively, team members could look for support from other experienced colleagues...*We know that if we come back and the visits have not gone well, or it's been a horrible visit, we know that there's somebody here that we can talk to, and just offload. You get things from a different perspective...there's a whole pool of knowledge (and) experience that you can pick from, which is brilliant.* Team support was a tangible asset. Because...*we all know each other so well, you can tell if someone's not had a very nice day. I think we always try very hard at the end of the day to make sure that everyone leaves on a positive note.'*

Off loading was needed, as indicated above, to manage specific incidents but also because *'some families are very frustrating,* for example, when they refused specific services or inputs that the worker felt they needed. Off loading could not only help with expressing feelings about this, but also provided a space for other workers to suggest alternative ways of approaching the family. Other workers' knowledge was viewed as invaluable. Knowledge-building within the team was explicitly linked to the fact that most of the workers had started together at the beginning of Sure Start; they had grown together and had been involved in a learning and growing experience over the five years they had worked together.

Humour was seen as a very important mechanism... *we often make fun of a situation that has made us sad, because if we didn't (pause)...and I think that is one thing we have always had... we've all got a very similar sense of humour. We do know each other inside out.* This was not just confined to the staff in the specific team but also other staff members throughout Sure Start such as Reception staff.

Taking care of one's self as a person and a worker involved recognising the potentially searing impact of listening to service users' experiences:

It would make me sad if there came a point in my working life where if somebody told me something bad, or there was something emotional, that I

didn't cry any more, because that would mean that I'd think I'd lost it a little bit. Because I think once it becomes the norm to hear, and it is very much the norm for us to hear distressing things on a daily basis from people, but not to be affected by them would really distress me.

The working culture supported individual and team practices. They noted other organisational contexts where the management of time (even down to visiting the toilet) was more strictly monitored. The outreach team did not feel over-closely monitored; they could legitimately sit and talk over a case or have a break if that was what they felt they needed.

What is family support? What is actually done?

Evidence from the Sure Start team was that family support encompassed: relationship building, using counselling skills, practical help, advocacy, sorting out benefits, and assessing and commissioning other services. The content of what was offered was placed in a context which was continuously re-assessed. For example, practical support to families, such as removing rubbish, could be offered both because it was important in itself and in order to clear the ground to tackle other issues. There were situations that some workers enjoyed working with more than others, and informal specialisation had developed in some areas. Worker style was addressed in terms of the perceived ability of some workers to 'turn around' cases more quickly than others. Differing expertise was acknowledged both in terms of training/discipline- those with backgrounds in play and development, for example, and in terms of learning from each other. Specific members of the team had clearly identified roles such as the worker who provided one-to-one counselling sessions, or another who was happy to be allocated the most *unkempt* families, and another who had taken the lead on community liaison issues. However, overall, there did not appear to be any rigid demarcation of cases or workers. Family support work was characterised by flexibility in the sense that differing approaches were tried and / or abandoned and issues could be prioritised for action as needed.

A key point in terms of what was done related to *how* – the question of building up trust, particularly in the sense of managing information sharing appropriately, was key, and not always easy. Child protection concerns, predictably, were the most challenging but the team could not bring to mind examples where they felt they had failed in their duties or jeopardised their relationship with a family. Firmness was

required with other agencies in terms of referrals. All referrals to SSB have to be negotiated with the family in the first instance and include their agreement before they can proceed.

Models of intervention

This section of the discussion was prompted by the evaluators introducing a number of differing models of intervention, which had been developed from a preliminary analysis of the interviews with service users in order to get feedback from workers on whether the models reflected what they did, or whether one was more dominant than others. These were as follows:

- Needs assessment/planned intervention/review
- Therapeutic centre model - whole team support, access to support groups, opportunities, courses
- Outreach: ongoing family support, practical help, signposting, access to groups, play workers
- Outreach (as above) plus counselling or therapeutic groups (PND or DV).
- Multiple service model – providing a range of opportunities to access a variety of services or groups, to attend courses, or to contribute to SSB as a volunteer for example.
- Purchaser/provider model – outreach worker develops a support package using Sure Start and other voluntary services for parents and children, the Sure Start Nursery, counselling, playworkers, or offering opportunities for volunteering.
- Intuitive / eclectic approach combining all of the above

One worker pointed out that a gap in the above was an acknowledgement that many services had emerged from consultations with parents' forums:... *everything's been needs-led*. The term 'practitioner/commissioner' was suggested by another worker instead of the term 'purchaser'. Needs / assessment was seen as a framework rather than as a model, although... *that's why we're so special in that no one family fits into a common assessment framework, or this framework or that framework. We do have a framework, but you can go out of it sometimes and do other (things)....Every family is an individual and I think that's why we work (effectively) because we do treat everyone as an individual, not as a rigid assessment.*

This emphasis on each family as unique underscored comments by the group about always learning something new and being open-minded. In general workers seemed to find the models suggested by the evaluators affirming in that they reflected the range and complexity of what was being done. But it also appeared that there was a strong commitment to not categorising the work they were doing in the interests of offering a needs led, individualised and flexible approach.

Walking a tightrope: Partners together and apart

There was a considerable amount of discussion about relationships with other agencies. The key themes seemed to be that SSB had to assert the value of their contribution, but avoid being 'dumped on' in relation to some agencies; and with others they were initially the 'new girls on the block', seen as having more resources than other agencies. In relation to the latter point, being considerate was seen as important in terms, for example, of not timetabling services that clashed with those run by other services. Also, supporting other voluntary agencies financially was seen as important (although it was equally important to support in other ways as well). SSB's perceived access to funding could frequently be experienced as contentious with other agencies.

The outreach team felt that the working practices of some agencies such as Health had been impacted upon very significantly by SSB. One example was that Health Visitors had been encouraged to develop their group work skills. This is part of the SSB inheritance as there been a consistent history of good relationships and/or health visitor interest in and involvement in SSB

Whilst areas of difficulty with particular agencies were acknowledged, it is important to note that little defensive rhetoric was engaged in by practitioners and 'atrocious stories' about other services/workers were almost completely absent. This suggests that SSB workers were able and willing to engage with different services in an open and flexible way. This is returned to below in the broader discussion (see White and Featherstone, 2005, for a discussion of such issues also).

Concluding remarks

Discussion with this small group of workers provided a valuable opportunity to test out and supplement other evidence obtained during the evaluation. Further analysis by the evaluators of the issues raised will form part of a broader discussion in the context of the findings as a whole.

5. Discussion and Conclusions

A “Whole Centre” Approach

The main focus of research activity for this year’s evaluation was to assess the impact on service users who had had significant involvement with the outreach team. Whilst all service users interviewed had had such involvement with at least one member of the team, the data gathered revealed that the work of outreach team members was embedded within the work of Sure Start Bramley as a whole. Individual programmes, organised by outreach workers in partnership with service users, contained services from a range of workers within SSB and the wider locality. Service users’ accounts of assessments and interventions often revealed their views on the totality of their experience of SSB (eg, reception, groups, services from a range of workers and so on). The findings of this evaluation reflect that the interventions provided by the outreach team are strongly embedded in a ‘whole centre’ approach.

Accessibility

Sure Start Bramley has made an important contribution to reducing barriers for the public in accessing services in its local area. The Outreach Team’s approach is friendly, inclusive, patient and skilful. The Team have put a premium on being approachable and responsive, and this has been mirrored by SSB’s local partners. SSB has worked closely with Health Visitors, and has encouraged service users to take a positive view of the role of statutory authorities, particularly Social Services. SSB’s accessibility has been enhanced by the move to its new Resource Centre, and this has helped offset the closure of the Sure Start Shop in the town centre in February 2006. Recent evaluation reports have shown that SSB has prioritised responding to the needs of single-parent families. Numbers of clients from ethnic minority groups have been smaller, but still proportionately higher than for the local population as a whole. SSB has had a long-standing commitment to working with fathers, and a member of the Outreach Team has taken a lead in this area.

Models of Intervention

Interviews with service users reinforced workers' description of a service which was highly flexible and responsive to changes in individuals' circumstances. The SSB outreach team appear to have a considerable degree of autonomy in developing, rethinking and re-evaluating services, and in being able to 'think outside the box' when developing their interventions. As well, they operate within a programme and within a centre which many service users and workers experience as highly supportive.

Overall, the menu ranged from one-to-one counselling, advocacy, practical help including transport to and from services when needed, case co-ordination in relation to pulling together a range of services, and play and development work with children. Groups for female partners experiencing domestic violence had been offered in the past, but support for this group was now provided on a one-to-one basis.

Whilst this highly flexible needs led approach to service provision led to high degrees of service user and worker satisfaction, it was not without its difficulties. These were being worked through within a highly supportive team environment. Workers, as noted above, articulated a number of interlocking concerns about professional boundaries central to which were two themes: dependency and the professional / friend dichotomy.

Independence / Dependency

Workers in SSB articulated a well established professional consensus that service users should not become dependent upon them. Within social work the use of time limited focused work has been advocated over many years both because it has been seen as more effective and to counter dangers of dependency. Task centred work is the most common example of this.

The SSB workers used time limits, although not in a rigid way, as a tactic in managing dependency. Although we do know that regular reviews of their cases are undertaken, as is apparent from the findings from service users, strict time scales are not enforced. Certain services do have a fixed time schedule, but this does not mean that service users will not be offered another service when a particular group, for

example, is over. It would appear, rather, that dependency is worked with using the worker's professional judgement in dialogue with the service user in the context of the relationship which has been developed. Dependency, particularly in the context of when work should be concluded, was discussed and engaged with rather than managed through an administrative system.

It is important to note that in a minority of the families interviewed, it did appear that the mother and child had become very dependent upon a particular worker and used a variety of means to prolong or re-start involvement with SSB. This observation was shared by both the evaluator and the worker, but was also acknowledged by the mother.

Generally, the value attached by service users to non rigid timescales has been noted in the literature. Gardner (2002) in her study of NSPCC family support centres has noted the importance of sensitive use of time scales to engage and retain those with interlocking and changing needs. As indicated above, in the wider literature on family support there has been a re-evaluation of notions of dependency. The concept of 'managed dependency' has emerged in relation to cases of chronic child neglect where families have a range of needs and long-standing vulnerabilities (Turney, 2005, Stevenson, 2005). Observations on social policy more generally have also suggested a re-evaluation of the notion of dependency itself, signposting that the human condition is one of interdependence (Williams, 1999). In this analysis all of us are dependent upon each other in a variety of ways, although levels and types of dependence will vary according to circumstances of age, ability and so on. Therefore, the pejorative meanings attached to dependency are unhelpful and misleading in the context of basic human needs and potential to both receive and offer help.

The emphasis on the particular and the contextual, rather than reliance on abstract systems which characterises SSB's approach generally, is probably, inevitably, anxiety provoking for individual workers. Fixed systems can offer workers and service users spaces to hide from difficult feelings of anxiety or abandonment. Furthermore, it is important to point out here that Sure Start workers and programmes operate in a political context which may give out contradictory messages to people about dependency. (An example is the Sure Start target to reduce the number of workless households). There is to be no stigma attached to seeking help, but at the same time the optimal condition is that people are expected to provide for themselves. The SSB outreach workers' strong team culture, already

noted, may have emerged as a way of managing these ambivalent feelings, which will be discussed further below.

The professional / friend dichotomy

The wider literature on family support indicates a growing consensus that the process by which services are delivered is as important as the outcome of the services. The NESS evaluation is just the latest to find that parents value the friendly professional with expertise: either having expertise or being friendly on their own is not enough. In general, this evaluation would suggest that service users also wanted friendly professionals with expertise and that they were very happy with what they received. In a minority of cases this was more complex; there was a sense that developing a friendship with the worker was of over riding importance and it was also clear that extreme isolation could mean that the adult contact provided by Sure Start in the home was crucial, although the input provided was highly valued. As indicated in the preceding discussion workers were well aware of the tensions they had to negotiate in this area, and again the supportive team context helped with this.

To conclude, it is important to note, however, that the majority of service users experienced the pace and level of provision as highly satisfactory and that the development of a strong and supportive team culture helped to manage some of the anxieties arising from such an individual, needs led, flexible approach for the workers interviewed. The issue of 'dependency' in all its complexity was openly acknowledged, and usually if not always dealt with in a way which meant a positive experience for all was realised.

Multi-disciplinary working and working with other agencies

SSB contains workers from a range of disciplines including health visiting, nursing, nursery nursing and community work. It also works with a range of other agencies in Bramley via differing funding arrangements and protocols. There is a considerable and overlapping literature on the opportunities and challenges posed by working in partnership and multi-disciplinary working. It is perhaps fair to say that it is the challenges which exercise most researchers, practitioners and managers.

The main focus of this evaluation has been on the impact of Sure Start interventions on service users, gaining data from service users themselves as well as workers.

The File Review has provided a description of who is served by the outreach team, what their characteristics are and what services they are offered. Therefore the evaluation has not taken partnership or multi-disciplinary issues as an explicit focus, although evaluations in previous years have paid considerable attention to exploring the views of agencies in the area as well as board members from a range of agencies.

This evaluation would suggest that, in the main, service users' experience what is offered by SSB as highly appropriate to their needs and that they value the varying specialist inputs which are provided within an overall intervention. We have already noted that workers themselves from a range of backgrounds value having been able to deliver a flexible and individually tailored service and recognise and respect formal expertise based upon professional discipline and academic qualifications.

In relation to working with other agencies and disciplines, although difficulties were experienced in relation to the first, in general we noted a lack of defensive rhetoric or 'atrocious stories'. The wider literature suggests that both are usual and often understandable aspects of the narratives of workers in multi-agency and multi-disciplinary working. Problems in relation to pay differentials, status and so on are often contributory factors. Strong allegiances to a particular model of looking at the world and people's problems can both be a cause and a symptom of other difficulties.

Overview

This evaluation has shown that SSB's Outreach Team has provided a combination of practical and emotional support for local families, supplemented by access to counselling services. The Outreach Team has provided short-term interventions or sustained periods of contact, as appropriate. A multiple service model has been normative, with Outreach Workers' roles combining those of practitioner and co-ordinator of local services. Sure Start Bramley can fairly be seen as *the hub* of local community services. The evaluation has also highlighted measurable benefits for children, particularly in relation to development, learning and making friends; and for parents who described improvements in confidence, motivation and reducing isolation. Parents were in no doubt about the significance of SSB's contribution.

Perhaps it is the references to Sure Start Bramley as *like a family* that stay longest in the mind. Individual social workers and health professionals have achieved close

supportive relationships with service users in individual cases, and some national voluntary organisations (like the old Family Service Units) have viewed a family support ethos as central to their role. Sure Start Bramley is a rare example of a publicly funded service which is experienced as genuinely enabling and supportive, and as part of the local community.

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Sure Start Bramley
File Review July 2004 onwards

Case No:

Date of Referral: _____ Source of Referral _____

Reason for Referral: _____

Family Composition: _____

Ethnicity: _____

Children: age & gender
(at date of referral) _____

Duration of contact
with Family: From: _____ To: _____

Focus and content
of work: _____

On CPR

Social Worker
Involved

Child in
Need

Comment: _____

Other Sure Start Services
and Groups used by parents _____

Other Sure Start Services
and Groups used by children _____

Other outcomes for parents / children including services provided

Reason for ending work / involvement (if ended):

Estimate of level of work (Hardiker Prevention Grid)

Appendix 2

Impact of Sure Start: Assessment – Parent

How far has Sure Start impacted on?

| | New Friends | | | Isolation | | | Parenting Skills | | | Health | | | Confidence* Learning | | | Motivation** | | |
|--|-------------|-----|-----|-----------|-----|-----|------------------|-----|-----|--------|-----|-----|----------------------|-----|-----|--------------|-----|-----|
| Much worse | | | | | | | | | | | | | | | | | | |
| Worse | | | | | | | | | | | | | | | | | | |
| Same | | | | | | | | | | | | | | | | | | |
| Improved | | | | | | | | | | | | | | | | | | |
| Much improved | | | | | | | | | | | | | | | | | | |
| If improved, how much due to Sure Start Bramley (0 – low 4 = high) | P | SSB | REF | P | SSB | REF | P | SSB | REF | P | SSB | REF | P | SSB | REF | P | SSB | REF |

How much change accounted for by SSB

* confidence – self-esteem

** motivation – readiness to get involved, access training / work

Assessment by: parent
 SS Worker
 referrer / colleague / friend

Comments:

Appendix 3

Impact of Sure Start: Assessment – Children
How far has Sure Start impacted on?

| | New Friends | | | Confidence | | | Development | | | Speech & Language | | | Health | | | Learning | | | Behaviour | | |
|--|-------------|---------|-------------|------------|-----|-------------|-------------|-----|-------------|-------------------|-----|-------------|--------|-----|-------------|----------|---------|-------------|-----------|-----|-------------|
| No data | | | | | | | | | | | | | | | | | | | | | |
| Much worse | | | | | | | | | | | | | | | | | | | | | |
| Worse | | | | | | | | | | | | | | | | | | | | | |
| Same | | | | | | | | | | | | | | | | | | | | | |
| Improved | | | | | | | | | | | | | | | | | | | | | |
| Much improved | | | | | | | | | | | | | | | | | | | | | |
| If improved, how much due to Sure Start Bramley (0 = low 4 = high) | P | SS B | R E F | P | SSB | R E F | P | SSB | R E F | P | SSB | R E F | P | SSB | R E F | P | SS B | R E F | P | SSB | R E F |

How much change accounted for by SSB * ?? – sociability

Assessment by: parent
 SS worker (Play / Outreach)
 referrer / friend

Comments:

Interview Schedule for Parents

How did you hear about SSB?

Why did you contact SSB? or who contacted them on your behalf?

What were you hoping for?

- help for whom?

How much contact did you have?

- what type? – home visits, groups, child care, play groups
- Over what period?

What difference did it make? A grid will be used here to produce some measurable data.

Were you kept informed throughout?

Were you clear about the plan and process?

NB – we need throughout to keep in mind that SSB services will be provided in a variety of ways and by a range of providers through Service Level Agreements.

Interview Schedule for Referrers

Why did you contact?

What were you hoping for?

What difference did it make? – use revised grid here

Were you kept informed of work and outcome?

SSB Outcomes Study – 2005 / 2006

Purpose of Study

What difference has intervention by SSB made to parents and children in relation to the following areas?

NB – the interviewers will need to keep in mind that services are provided in a variety of ways and through Service Level Agreements by a variety of providers. We will need to check out who provided the service and refer also to the list of Service Level Agreements.

Children's checklist

Breastfeeding

Development

Feeding

Toilet Training

Speech and Language

Play

Interaction with other children – ability to make and keep friends

Access to play groups

Behaviour

Learning

Parents' checklist

Isolation

PND

Contact with other parents

Benefits advice

Housing information

Domestic violence

Mental health issues

Relationship with partner issues – separation

Relationship with family

Information on child development

Speech and language

Managing children's behaviour

Smoking cessation

Signposting to services

Debt counselling

Furniture stores

Trips

Parents' involvement in

- Sure Start Board / Sub Groups
- Play groups
- Courses – in-house and WLFC
- Training
- Volunteering
- Higher education
- Employment – full or part-time

Appendix 5



Hardiker Grid: Summary

The Hardiker Grid has been used extensively to provide a frame of reference for assessing the level of work undertaken with families by statutory and voluntary agencies.

An explanation is enclosed in the Guidance document prepared by the Children's Fund in 2000/01, Annex A (p.37).

This document under the heading *Prevention* states: "Better a fence at the top of the cliff than an ambulance at the bottom". This image reflects the notion that relatively inexpensive and simple measures put in place early can save the need for more expensive, complex interventions precisely at a time when successful resolution will be less likely...intervention at an early stage can reduce the future probability of (adverse) outcomes and maximise the chance of (beneficial outcomes).

There are four levels of prevention.

Level One: *Services available for all children and families.* Diversionary - here the focus is before problems can be seen - thus prevention strategies are likely to focus on whole populations.

Level Two: *Children and families needing extra support;* early prevention implies that problems are already beginning to manifest themselves and action is needed to prevent them becoming serious or worse.

Level Three: *Children and families needing intervention.* Heavy-end prevention would focus on where there are multiple, complex and long-standing difficulties that will require a customisation of services to meet the needs of the individual concerned.

Level Four: *Children and families in crisis needing urgent and / or intensive intervention.* Restorative prevention focuses on reducing the impact of an intrusive intervention. This is the level of prevention that would apply to such as children and young people in public care, those permanently excluded from school or in youth offender institutions or supervision and / or those receiving assistance within the child protection framework.

(Sources: Adapted from Policies and Practices in Preventive Child Care (1991) Hardiker, P., Exton, K., Barker, M. and further adapted in Preventive Work with Families: The role of Mainstream Services (1997) Sinclair, R., Hearn, B., Pugh, G.)

A version of the Hardiker Grid using an inverted triangle diagram is included in the Green Paper *Every Child Matters*.