CLOSE TO HOME

A good start to Sure Start in Dungannon.

A report commissioned by The Families and Children's Forum

Dungannon and South Tyrone

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Introduction

The Regional Sure Start evaluation guidance indicates that local Sure Start programmes should provide a range of qualitative and quantitative information for short to medium term analysis. The guidance acknowledges that much of the information collected is of a quantitative nature and therefore it is important that qualitative data is also captured to illustrate what Sure Start has actually achieved in terms of the difference it has made to the lives of children and families in the area.

This report was commissioned by the Dungannon, Close to Home Project as a final stage in the evaluation of the project at the end of the first, three-year phase of Sure Start. It builds on the recommendations of the first annual report (Poulton and Kernohan 2003) and gives indicators as to how the project might progress in the next phase. The first annual report made the following recommendations:

1. **The management group should give urgent consideration to setting a developmental agenda in collaboration with representatives from the Close to Home area.**
   
   This recommendation aims to improve partnership working between the management board and the local community and also between the management board partners themselves.

2. **A review and revision of the target should be undertaken**
   
   The aim is to reduce the number of targets and focus on those that are achievable, measurable and within the scope of the project. Furthermore, Sure Start workers themselves should be involved in the revision of the targets and have the opportunity to identify new targets according to locally observed need.

3. **More participation and user involvement research and development should be undertaken**
   
   To achieve this aim linkage with user involvement initiatives within Children’s Service Planning at the Southern Board is suggested.
This report will focus on the steps undertaken towards meeting these recommendations and is divided into the following sections:

Section 1
Staff consultations
Review of targets from staff perspective
Presentation to management group to advise on target revision

Section 2
New Sure Start Guidance
Refocus of targets
Recommendations for implementation and monitoring

Section 3
Partnership working
Results of questionnaire survey of management group

Section 4
Examples of good practice from other Sure Start projects in UK.

Section 5
Summary and recommendations for the future.
Section 1

Review of targets from the perspectives of the Sure Start Workers

In order to involve Sure Start workers in the review and revision of targets a workshop was conducted in early January 2003. The workshop consisted of individual interviews with Sure Start workers followed by a plenary discussion to agree on target revisions and to identify issues to be considered by the management board. In preparation for the workshop participants were sent a questionnaires, which listed the existing 23 Close to Home Targets and asked them to consider each of these as to the extent to which they were specific, measurable, achievable, realistic and timely (Appendix 1). With interviewee consent interviews were taped and subsequently transcribed. Additionally, to inform the plenary discussion, notes were taken of the key points made by each interviewee. Interviews were carried out with 8 workers as follows.

2 Health Visitors
1 Midwife
1 information officer
1 Home Start co-ordinator
1 Family Health worker
1 Crèche worker
1 Speech and Language therapist

Respondents were asked how long they had worked in the project and most had been in at the start, Autumn 2001 (see previous report). However, one health visitor had only been involved for 6 months and the crèche worker for nine months.

In terms of the extent to which the project was perceived as meeting the identified needs there were mixed responses. One respondent felt that although there was an attempt to identify need from the community perspective there was some doubt as to how far this was achieved. Another, felt that this was progressing slowly as the same families seemed to make use of services and there remained several ‘hard to reach’
groups. Others felt it was going well but focused more on the process (i.e. how services were being delivered) rather than their effectiveness in meeting local need. Respondents were unanimous in their view that partnership working was going well. Several acknowledged that there had been problems early on. However, these had been resolved now that people had begun to understand and respect each other’s roles. Not only did formal meetings take place but also there was a huge amount of informal discussion facilitated by the fact that workers were all located in the same building so they could interact on a day-to-day basis.

In reviewing targets respondents tended to focus on those relevant to their area of expertise. For example, the midwife and health visitors focused on antenatal and postnatal care of mother and infant. All questioned the existence of postnatal depression as one specific condition and the extent to which it could be measured solely in terms of the Edinburgh Postnatal Depression Scale (EPDS). The consensus seems to be that many women do experience depression around childbirth but this may be present in the antenatal period and may go undiagnosed. Furthermore, as depression is often context related (i.e. triggered by the sufferer’s social and emotional situation) it is unlikely that the Sure Start project can reduce the incidence. However, by recognising the existence of depression, interventions can be designed to reduce the impact of this depression on the emotional and social development of children whose mothers suffer in this way.

The midwife had administered the EPDS in the antenatal period. Fifteen antenatal women had been screened. Three scored high enough to require listening visits and one went on to develop postnatal depression. However, this woman was given extra support and only required antidepressants for six weeks. Subsequently she has developed an excellent relationship with her baby.

One-to-one support and guidance for pregnant women has resulted in 5 giving up smoking in the last six months.

The breast-feeding support group continues and antenatal women are now encouraged to attend. This has resulted in 5 out of the last 7 women, delivered of their babies, commencing breast-feeding. Although this may only be maintained for two weeks it
is a vast improvement from the previous situation when most women did not even attempt to breastfeed their babies.

One health visitor commented that the biggest observed impact was for women who had been through the antenatal programme and subsequently became involved in the baby massage and mother and toddler group. The children of these mothers were perceived as being more advanced in gross motor development. For example, one child at the parent and toddler group was observed to be sitting alone at five months, whereas health visiting assessment records would suggest that only 50% of children, in this geographical area, would be sitting alone at the seven-month developmental assessment.

In terms of speech and language therapy the WILSTARR assessment of children was being achieved. The Bookstart programme is funded by the Southern Education and Library Board and is delivered by the Speech and Language therapist at seven months rather than the health visitor at the eight-month assessment.

Respondents were disappointed at the poor level of usage of the Toy Library. It was felt that most children possessed toys of their own choice. Furthermore, despite reassurance that no charge would be made for loss or breakages some families were reluctant to borrow toys for fear that they might be lost or broken.

Initially, the mother and toddler group was well attended, but more recently attendance has been erratic. A very cohesive group of mothers and children had developed but these children have now gone on to nursery school and it is difficult establishing a new group. There are also perceived personality clashes between mothers within some communities. Sectarian issues also influence attendance as the location of the Close to Home project is not considered a neutral venue and Protestants feel unsafe there.

There is currently only one child with special educational need, in the Close to Home catchment area. However, due to higher staffing levels more need is being uncovered and one health visitor said she had identified five ‘children in need’ who have subsequently been placed on the Child Protection Register.
Overall Homestart and family health workers felt that the families were now more trusting and not asking ‘what’s the catch’. In terms of community involvement surveys were going well with good response rates and openness from respondents in the community.

Immunisation targets did not seem relevant, as immunisation uptake is consistently high. There is currently a 95% uptake for all childhood immunisations, except MMR, which currently stands at 88%. This latter figure is due to media scares, which have depressed uptake rates Province wide and which is being addressed nationally.

One health visitor expressed concern that in the drive to promote breast-feeding, mothers were not being given education about bottle-feeding, most importantly sterilisation of equipment. This increased the risk of poor hygiene with a danger of escalating the incidence of gastroenteritis in bottle fed babies.

There were some gaps in targets identified. Ten percent of the population of the Close to Home area are of Portuguese origin. It was felt that the needs of this minority ethnic group were not being addressed. There are some locally available interpreting services but there are also issues about employment rights and access to services. These problems are further compounded by the heterogeneity of the Portuguese population, as some are from mainland Portugal and others from the Portuguese colonies resulting in a lack of group identity within this minority ethnic group.

Domestic violence was identified as a priority issue but some workers felt they lacked expertise in identifying and supporting families experiencing such problems. Several respondents identified a pressing need for training in the recognition and management of domestic violence.

Finally, some workers have identified families with serious debt problems and it was felt that partnerships needed to be developed with agencies, which could support and advise such families.
Summary of key issues

The plenary discussion explored key points emanating from the individual interviews. Furthermore a consensus was reached as to recommendations that should be made to the management board to inform their work in revising the targets. These recommendations were to:

1. Address the ‘poor attendance’ at some of the Close to Home facilities e.g. mother and toddler group.
2. Consider strategies for accessing ‘hard to reach’ groups in the community.
3. Address the needs of the Portuguese community.
4. Consider the issue of divided communities.
5. Facilitate esteem building within the community.
6. Balance group and one-to one provision appropriate to need.
7. Facilitate empowerment and user involvement.
8. Facilitate partnerships with agencies, which can address poverty and debt.
9. Provide domestic violence training
10. Provide staff development and support.

Following consultation with Sure Start workers a presentation was made to the management group in mid January 2003 (Appendix 2).
Section 2

New targets with recommendations for implementation and Monitoring in the light of recent events

As a result of staff consultation and the subsequent recommendations, new targets were developed by the management group (appendix 3). However, two significant events have necessitated a further review of these targets:

1. The Child Care Partnership considers that the current Close to Home Project focuses on too small an area and has therefore directed that the number of children be increased from 260 to 865. This will involve widening the catchment area to include not only Dungannon town but Moyashel and Granville. Taking into account new antenatal referrals and some new estates the realistic target is 612 children.

2. In May 2003 the DHSSPS, Family Policy Unit issued new guidance for Sure Start projects (DHSSPS 2003). The guidance sets out a clear timetable for action for existing and potential projects to develop and submit a business proposal for the next phase of Sure Start funding. Building on past experience the guidance identifies key elements in the planning process, which can be summarised as follows:

New and existing Sure Start projects should:

- Demonstrate strong partnerships ensuring that “everyone …has a common vision, clear sense of identity and shared understanding of the purpose for which the partnership has been formed.” (p7)

- Have a clear understanding of the catchment area, its strengths and weaknesses, perceptions of those who live there and an analysis of existing services. Such intelligence will enable the development of a local needs assessment and the gaps in services for parents-to-be, young children and their families. An emphasis is placed on consultation with the local community, paying special attention to engaging ‘harder to reach’ families. Such consultation should “ be used to recruit parents to join the partnership and encourage them to play an active part in developing the plan”(p8).
• Contribute to objectives, targets and measures, which are set at three levels: regional, HSS board and local.

• Collect start point information from all partners, the recommendation being that one person co-ordinates this process. It is also recommended that a survey of parents of young children be carried out to establish satisfaction with existing services.

• Carry out a mapping exercise in the planning phase. This should identify existing provision and level of usage. Additionally, commitment must be sought from providers of existing activities, for children under four and their families, to maintain investment at the same level so that families can gain the maximum benefit from Sure Start provision.

• Explore ways that existing services can be reshaped and reorganised, termed ‘reshaping’. Reshaping is seen as making services more responsive to need and partner organisations are expected to change through involvement with Sure Start, which may involve rethinking the way in which organisations are structured or services delivered.

• Consider the possibility that some needs identified can be funded from outside Sure Start so that Sure Start’s role remains adding value to existing services and not funding core services.

• Develop core services to meet Sure Start objectives to include, for example, home visiting, support for parents and families, supporting good quality play and learning experiences, primary and community healthcare and support for teenage parents. It is stressed that an effective Sure Start project will involve universal and targeted services based on the Effective Intervention Pyramid rationale (Mealey 2001 – Appendix 4).

The overall aim of Sure Start is unchanged:

To work with parents and children to promote the physical, intellectual, social and emotional development of pre-school children – particularly those who are disadvantaged – to ensure they can flourish at home and when they get to school.

The strategic regional objectives, however, are broader than their predecessors and focus on four key aims:
1. The management committee is structured to deliver an effective Sure Start project.
2. A broad range of services is provided to local children under four and their families.
3. The Sure Start partnership has developed an effective dynamic.
4. Sure Start services are available to all local families.

A complete list of these aims, objectives to achieve them, target dates and examples of evidence are presented in appendix 5.

A new model of practice for the Close to Home project

In reviewing its position in the light of the above developments the Close to Home team have developed a model for practice (fig 1). The model consists of concentric circles focusing on the needs of families radiating from intensive support to individual families to the wider facilities available within the area.

Figure 1   Close to home – framework for practice
First line action: intensive antenatal and postnatal intervention in the first year of each child's life.

This will involve 2 key workers with the following expertise:

- community development;
- family functioning;
- child development (including medical).

Second line action: child and family support

This involves area support workers, within the Close to Home team, with the following expertise:

- community development;
- family functioning;
- child development;
- group work skills to facilitate adults and children in family and group settings.

Plus a specialist worker with the language skills and cultural knowledge to meet the needs of the minority Portuguese population.

Third line of action: specialist support

This includes:

- speech and language therapy
- dental care
- befriending
- relationship counselling
- play therapy
- safety
- crèche facilities.

These activities require not only specialist professional skills (e.g. dentistry) but community development experience and group skills with adults and children in family and group settings. Some of these interventions will be lead by appropriate members of the Close to Home team, whilst others will draw on expertise within the local area.
The outer line of defence integrates Sure Start provision with mainstream services within the community (e.g. housing, benefits, medical).

The Close to Home Team have devised a four step implementation process:

Step 1  Agree unmet needs
Step 2  Identify and facilitate uptake of existing services to meet need
Step 3  Detail reason for non-usage or identify services not available
Step 4  Work to change existing services to meet need, link with Sure Start Services or facilitate ‘new’ services.

In order to proceed the Team will need to:

- connect effectively with the new community;
- agree protocols for tracking families
- strengthen liaison between service providers;
- all new antenatalis in the catchment area to Sure Start;
- other referrals to services outside Sure Start should be needs based;
- universal group based events should be provided and monitored
- Add value to existing services e.g. Parent and Toddler Groups.

Implementing the new model

Step 1. Agree unmet needs

To delivery the first set of regional aims by March 2004 the first step of the implementation process (Agree unmet needs) requires immediate attention. This will involve a series of activities:

a) **undertaking a needs assessment in collaboration with the community**

There are several needs assessment tools but an approach which best seems to involve the community and is relatively easy to apply is Rapid Participatory Appraisal (RPA) (Ong, 1991; Murray et al. 1994). The method has been used successfully in Northern Ireland in a project to assess Women’s Health Needs (Lazenbatt 2003). To begin the process a RPA team is formed, to collect information from various local
organisations, from members of the communities themselves and from key informants within the community. These informants could include a local GP, teachers, nurses, health visitors, midwives, social workers, voluntary organisations, CAB. By using a range of sources information from one source can be validated against that of another. Once areas of concern have been identified this is fed back to the community in order that it can identify areas for action.

In Lazenbatt’s study a one day workshop was convened with the RPA team and a protocol was designed setting out the specific purpose of the needs assessment and identifying key informants. In the Close to Home project the Core Sure Start team would seem appropriate as the RPA team. The team’s task will be to interview local key informants, collect relevant health and social care data and information relating to services available in the community.

b) Involving the community

Community involvement is important from the outset so co-option of at least two members of the community to the RPA team is advisable. To assess the community’s perceptions of their own health needs a questionnaire is useful. Community volunteers are best used to administer such questionnaires but will require some training. In Lazenbatt’s study a focus group was also conducted with 20 members of the local community, facilitated by a skilled facilitator and using a prepared interview schedule. Analysis of the community qualitative data involved a systematic content analysis. This involved identification of categories and sorting information into these categories. Questionnaire data can be analysed using a statistical analysis package such as SPSS.

c) Prioritising needs

Following data collection and analysis the RPA team themselves rank priorities. This is followed by a feedback meeting set up in the local community where participants are asked to prioritise the categories in rank order. In Lazenbatt’s study a group of local GPs were also asked to rank the priorities. By carrying out priority setting with a
few groups comparisons can be made to see if service users and service providers hold similar views.

A short written report of the process and outcomes of the RPA should be prepared and distributed in the Sure Start community.

**Delivering on targets**

The steps outlined above should assist in achievement of objectives 1.1. and 1.2 in the new Sure Start guidance (DHSSPS 2003) as the process involves active engagement with voluntary, community and statutory sectors and active representation from parent/user groups. Evidence of achievement will be illustrated via a detailed report of the RPA process and the shorter version for distribution to the local community.

**Step 2  Identify and facilitate uptake of existing services to meet need**

Having agree unmet need within the Sure Start community it will then be possible to map needs to existing services within the community, identify gaps in services and ascertain how the Close to Home project can provide services, additional to core provision, that will meet the needs identified. It is acknowledged that a range of services is already provided by the Close to Home project based on the original National Sure Start targets. The recently revised Close to Home targets (Appendix 3) will need to be revisited in the light of the new guidance but local targets can be amended to achieve objectives within aim 2 of the regional guidance. These objectives relate mostly to process issues rather than specific health and social care priorities, which will be addressed at local level according to need. However, there is a specific emphasis on services being 'value for money' placing a responsibility on projects to provide services that meet needs (as perceived by the local community), based on sound evidence of effectiveness and with clear output and outcome measures. Close to Home targets are reviewed briefly to take account of these issues.
Objective 1 Improving social and emotional development of children

Three goals are identified in the fulfilment of this target. The first relates to ensuring early bonding between all parents and children and a baby massage programme is one of the proposed interventions. Success in the achievement of this goal is increased uptake for the baby massage programme. However, this assumes that baby massage has a positive effect on infant parent bonding and there is little hard evidence to support this. A recent study by Hart et al (2003) explored the efficacy of health visitor led baby massage classes in relation to social interaction in parenting. Although the study sample was small and quantitative results demonstrated no significant difference between the control and intervention groups using two validated measures (Parenting Sense of Competence Scale and Self Esteem Scale) qualitative results were positive. Almost half of the parents taking part perceived that their relationship with their baby had improved. Furthermore, they enjoyed the opportunity for social interaction with other parents and the additional opportunistic health promotion delivered by the health visitor. The authors conclude that this modest study of one health visitor’s practice has demonstrated the potential benefits of a health visitor led baby massage programme in promoting the health and well being of parents and their young children.

Issues that need to be addressed here are:

- Cost benefits of such a programme (taking into account additional training for health visitors involved) compared to simply running health promotional support groups.
- How to include the ‘hard to reach group’ who do not readily become involved in such activities but are more at risk of not bonding well with their child and the subsequent consequences of this.
- How to evaluate the effectiveness of this intervention in the long term.

Other goals within this target relate to parental support on either a group or one-to-one basis. Given the reduction in health visitor contribution to the Close to Home project, home based support and befriending will be largely the remit of Home Start and the Family Health Worker. Furthermore, considering the larger number of families to be incorporated into the project some systematic assessment of family health need to
prioritise the quantity and quality of one –to –one support would probably be advisable.

Family assessment tools

A range of family assessments tools have been developed by various health and social care agencies. The Health Visitor Practice Development Resource Pack (DoH 2001) recommends the development of a family health plan to enable families to think about their health and parenting needs. Such a plan should:

- identify the family’s health needs from their perspective;
- how the family wishes to address these needs;
- a jointly agreed action plan, which will identify actions to be taken by the family and other statutory and voluntary agencies.

Parents who have been involved in designing family health plans have chosen a range of topics and language to be included in such plans and these are listed in figure 2.

It is stressed that the family health plan belongs to the family but practitioners can use tear-off summary sheets to remind them what they have agreed with the family and, with the family’s permission use issues identified (e.g. lack of play facilities) to identify community health issues which may constitute additional services to be provided by Sure Start or referred on to more appropriate agencies.

Family health plans have been evaluated in Sheffield (Garside 2002) and found to be acceptable to families and capable of highlighting community health issues of concern to families. A copy of this health plan is included in appendix 6 and the author has given permission for this to be used in other areas.
A more formal and systematic assessment guide has been produced on behalf of the Department of Health (Cox and Bentovim 2000). An initial assessment framework has been developed (figure 3). The framework is intended as a tool to make an initial assessment for the purpose of deciding whether a child is a ‘child in need’, the nature of any services required, from where and within what timescales and whether a more detailed core assessment should be carried out. The assessment guidelines are detailed and advise that the strengths and weaknesses be recorded in each of the core areas:

- the developmental needs of the child;
- the capacity of parents or care givers to respond appropriately to those needs;
- the impact of wider family and environmental factors on parenting capacity and the child.

Use of any needs assessment tool will require some in service training to ascertain that all assessors are interpreting and using the tool in the same way. However, Sure
Start projects are an ideal opportunity to apply these tools using a multidisciplinary approach.

**Figure 3**  
*Assessment Framework*  
(Cox and Bentovim 2000)

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**Objective 2**  
*Improving the health of children*

Five goals are included in this target. Many of these relate to performance targets yet to be agreed and some would seem difficult to measure without accurate baseline targets. For example, in terms of smoking cessation unless a baseline figure of the number of smokers in the area is obtained it would be difficult to ascertain whether or not the target has been achieved. Before embarking on smoking cessation groups it is important to find out what already exists in the area. Many general practices provide such facilities and practice nurses play a lead role in such initiatives. Whilst the goal is realistic setting percentage targets is not. Using the family health plan it would seem feasible to raise awareness of the dangers of smoking in the antenatal period, when parents are know to be more receptive, and where an individual parent or couple include smoking cessation as one of their personal goals, refer them to a specific group and continue to monitor. In this way it will be possible to assess at the end of each year the number of individuals in the area who have made a decision to stop
smoking, those who have succeeded in stopping and those that are still not smoking one year on.

Improvement of breast-feeding rates is an area in which the Close to Home project has demonstrated marked success. Although numbers are small there is every reason to believe that breast-feeding rates will continue to rise as the number of lay breast-feeding workers increase and the community recognises the benefits of breast-feeding. However, it is important to accept that there will always be some women who despite knowing the benefits choose not to breast-feed. It is important that such women are supported in their decision and receive the necessary education in the preparation of feeds and sterilisation of equipment to prevent infantile gastroenteritis.

Although accident prevention is a key issue in all areas, measuring performance in accident prevention by reduction in the numbers of admissions to hospital is fraught with difficulties. Should admissions decrease over the period it would be difficult to attribute this reduction to the efforts of Sure Start. A more realistic target would be to measure the improvement in parental awareness of accident prevention following a structured intervention programme as there is evidence to show that such interventions do work (Corrarino et al. 2001; Watson et al 2002).

Promotion of oral and dietary health and increase in registration with dentists would seem to be realistic actions in achievement of the long term goal of reducing dental caries. Similarly, awareness raising of the benefits of a healthy lifestyle during the antenatal period also appears to be a realistic goal.

**Objective 3 Improving the ability of children to learn**

The five goals within this objective focus on specific interventions to develop the parental role of early educator for their child through the use of the Bookstart pack, for example. Early screening and intervention by the speech therapist would seem to be valuable in promoting speech development. However, it is questionable whether it is feasible to deliver the Child Development Programme (CDP) to all first time mothers, the action prescribed in goal two. The CPD originated in Bristol in 1981 and is highly structured and demanding of health visitor time. Furthermore, specialist
expensive training delivered by the CPD project team is required. The long-term benefits and outcomes of CPD have been measured and improvements found in areas such as improved immunisation uptake, rates of hospital admission and child development. However, the research team has carried out the majority of the evaluation themselves (Early Childhood Development Unit 1984) and there is a danger of bias here. Furthermore, the research evidence is almost twenty years old.

A recent (unpublished) review by the Eastern Health and Social Services Board in Northern Ireland found that some of the nutritional advice in the CPD is out of date and inaccurate in the light of current research and health visitors found it time consuming and patronising for some parents as it uses simplistic cartoons. A systematic longitudinal study (Deave, 2003) followed up 457 mothers over three years. Mothers receiving the CPD (n=207) were compared with those receiving a mainstream health visiting service. Overall all mothers were satisfied with the health visiting service they received and there was no significant difference in terms of child development, maternal self-esteem and parent empowerment between the CPD and the comparison groups. The health visitors carrying out the CPD whilst valuing the stronger relationship built up through more frequent visiting, found the structure too rigid and paperwork increased. Mothers receiving the CPD approach valued the antenatal visit but this was the visit that health CPD health visitors said they were more likely to omit if workload was heavy.

More recently health visitors in Manchester have piloted an adaptation of the CPD. The ‘Parent Positive Programme’ (PPP) (Mancunian Community Health Trust 1999) offers a structured non-directive approach to health visiting. The differences between this programme and the CPD are that it focuses on health needs assessment; is based on positive reinforcement and improvement of parental self-esteem and makes limited use of cartoons. Use of the PPP has been evaluated from the perceptions of the parents (McHugh & Luker 2002) and the health visitors (McHugh & Luker 2001). Results were inconclusive in that the parental evaluation aimed to compare traditional health visiting with parent positive approach but no direct comparisons on outcomes are reported. However, overall parents valued contact in the antenatal period and the more numerous home visits received by those in the PPP. Evaluation of PPP from the health visitor perspective found that health visitors valued the empowerment model
used by the programme and that a holistic assessment of family health need was considered an especially useful tool. However, the majority of the health visitors found the cartoons used highly unsuitable for the families with whom they were working.

These studies suggest that the Close to Home project should look quite carefully at the benefits of introducing the CPD as it would appear that some of the elements valued by parents are already incorporated into their current practice. The CPD would no doubt be more costly and recent evidence seems to suggest that the benefits do not outweigh the costs.

**Objective 4  Strengthening families and communities**

There are eight goals within this objective the majority of which concern increased uptake of current Sure Start provision and maintenance of the current level of home visiting and group initiatives. Given the increase in the number of families within the project and reduction in the number of health visitors this activity may need to be reviewed and certainly linked in with assessment and prioritisation of need and the mapping of existing services. The inclusion of awareness raising in relation to the impact of domestic violence on families meets a need identified by Sure Start workers but will probably require specialist skills. Similarly, liaison with CAB and Credit Union will serve to address debt problems identified, as a priority need.

**Objective 5  Effectiveness in reaching target families**

The three goals within this objective relate mostly to process issues and generally concern the collection of quantitative data to measure efficiency of service delivery rather than effectiveness in meeting community need. However, there is provision to monitor service uptake across the religious divide; for minority ethnic groups and families with disabled members, all of which are key issues in the regional guidance. Development of a Sure Start identity for members of the Close to Home team is important to maintain staff morale and ensure a quality service. This will require informal and formal meetings and specific team building initiatives as appropriate.
Objective 6 Effective management board operations

The five goals within this objective are specifically important, as improvement in partnership working was a key developmental issue highlighted in the previous Close to Home Report. A crucial issue is active representation, on the management board, from members of the Sure Start community. This links in with the regional Sure Start objectives. Strategies for engaging the local community have been highlighted earlier in this report.

Summary

Significant changes in the way in which Sure Start is to be delivered regionally and locally has necessitated the Close to Home team rethinking its strategy. Whilst the overall aim of Sure Start remains unchanged the UK National Sure Start targets no longer figure so significantly in the Northern Ireland Sure Start guidelines. Instead these guidelines provide four broad aims relating to the effective organisation and delivery of Sure Start projects. Whilst giving projects more freedom to deliver services to best meet local need the Close to Home project is now required to revise its most recent targets to fit in with regional guidelines. This is further compounded by the expansion of the Close to Home area, increase in the number of families and reduction in health visitor numbers from two to one. In response to these changes the project team have developed a new framework for practice and identified steps in achieving the effective delivery of this framework. This section has given practical examples as to methods that might be used to achieve this.
Section 3  Partnership Working

The new Sure Start guidance (DHSSPS 2003) emphasises the importance of partnership working and stresses that:

The Sure Start partnership, although made up of individual members representing a wide range of interests, exists for Sure Start purposes and not to further the aims of any particular member organisation. (page 32)

The guidance goes on to suggest some basic rules for partnership working and makes explicit the principles underpinning partnership (figure 4)

Figure 4  Principles of partnership working (DHSSPS 2003)

- Open communication
- Transparency of process
- Listening to others
- Clarity of what is negotiable and what is not
- Agreement on the process of resolving disputes

Partnership working within the management board was a key issue in the first year evaluation of the Close to Home project. Therefore a more objective assessment of partnership working was seen as appropriate for the final evaluation. A partnership tool devised by the Center for the Advancement of Collaborative Strategies in Health (CACSH) was distributed to all members of the Close to Home management board.

Because a high proportion of participants in the partnership completed the tool questionnaire within a one-month time frame, we have been able to prepare a meaningful assessment of the partnership. The willingness of the partnership’s coordinator and partners to take on this extra work is commendable—it indicates a real interest in, and commitment to, making the most of your collaborative efforts.

This action-oriented report has four sections.

It begins by discussing the respondents and the response rate for the partnership. These are important factors to consider in interpreting the information in this report.
The report then presents and interprets the partnership’s synergy score. This score is a key indicator of how well the partnership’s collaborative process is working. It tells you how well the process is combining the partners’ knowledge, skills, and resources so they can accomplish more together than they can on their own.

The report continues by presenting the partnership’s strengths and weaknesses in areas that are known to be related to synergy: (1) the effectiveness of the partnership’s leadership; (2) the efficiency of the partnership; (3) the effectiveness of the partnership’s administration and management; and (4) the sufficiency of the partnership’s resources. This information can help the partnership identify what it is doing well and what it needs to focus on to improve the success of its collaborative process.

Next, the report presents the partners’ views about their own participation in the partnership. It describes their views about the decision-making process in the partnership, the benefits and drawbacks they are experiencing as a result of participating in the partnership, and their overall satisfaction with the partnership. Acting on this information can help the partnership be more successful in recruiting and retaining a broad array of partners.

The report concludes by discussing how the partnership can use the information in this assessment report to take corrective action.

We strongly recommend that you read the entire report carefully and in the order in which the information is presented.

The Partnership’s Respondents and Response Rate

Partnerships are made up of individual participants who work together to achieve a common goal. The information in this report is based on data that selected participants in the partnership provided when they filled out the Partnership Self-Assessment Tool questionnaire. Most of the questions in the questionnaire focus on how participants view the partnership as a whole (for example, your partnership’s collaborative process, leadership, and administration and management). When we analysed the
respondents' answers to these questions, we calculated the mean of their responses. These mean scores represent the views of the partnership's respondents, on average. The other questions in the questionnaire focus on how participants view their own involvement in the partnership (for example, their satisfaction with the partnership and the benefits and drawbacks they are experiencing). When we analysed the respondents' answers to these questions, we calculated the percentage of responses in each answer category.

The findings in this report are most meaningful if everyone in the partnership who is familiar enough about the partnership to complete the questionnaire actually did so. The report does not give as complete or accurate a picture of the partnership if some participants who know how the partnership works were not asked to fill out the questionnaire or did not do so in the allotted time. In the partnership:

7 people were asked to complete the questionnaire.

6 people completed the questionnaire within the one-month time frame.

The partnership's response rate is therefore 86%.

Obviously, the higher the partnership's response rate, the more confidence you can have in the findings in this report. Even with a high response rate, however, there is a potential for bias in the results if most of the participants who would have answered a question in a certain way were either not asked to complete the questionnaire or did not fill it out. Since we were aware of the composition of the partnership but not who filled out the questionnaires, we cannot accurately assess this potential bias. However bias is likely to be minimal in this study.
The Partnership’s Synergy Score:

An important indicator of the success of the collaborative process

The Partnership Self-Assessment Tool assesses the success of a partnership’s collaborative process by measuring its level of synergy (CACSH 2001). Synergy is a key indicator of a successful collaborative process because it reflects the extent to which the partnership can do more than any of its individual participants. Put another way, a partnership’s level of synergy indicates the extent to which the partnership, as a whole, is greater than the sum of its parts.

A partnership’s collaborative process achieves a high level of synergy by combining the different kinds of knowledge, skills, and resources of its participants. It is this combining power that enables the diverse people and organizations in a partnership to go beyond their own limitations and accomplish more than any of them can on their own. When a partnership’s collaborative process achieves a high level of synergy, the partnership becomes stronger in three ways.

1. The partnership is able to come up with new and better ways of thinking about problems and solutions. By combining their different kinds of knowledge and perspectives, the participants in a synergistic partnership are able to:

   • break new ground, challenge the “accepted wisdom,” and discover innovative solutions to problems see the “big picture” (i.e., understand how different kinds of services, programs, and sectors in the community relate to each other and to the problems the partnership is trying to address);

   • understand their local environment and determine which strategies are most likely to work in that environment.
2. The partnership is able to take actions that go beyond what any participant could do alone. By combining their complementary knowledge, skills, and resources, the participants in a synergistic partnership are able to:

- attack a problem from multiple vantage points simultaneously;

- carry out comprehensive interventions that connect multiple services, programs, policies, and sectors;

- coordinate services in the community (i.e., fill gaps in services, improve accessibility of services, reduce duplication of services, and/or provide services more effectively or economically).

3. The partnership is able to strengthen its relationship with the broader community. By working together, the participants in a synergistic partnership are able to:

- incorporate the knowledge, concerns, and priorities of community stakeholders, including community residents and organizations most affected by its work;

- focus on problems that are important to people in the community;

- build on community assets;

- communicate how the partnership’s actions will address community problems;

- obtain the support of individuals, agencies, and institutions in the community that have the power to block its plans or move them forward.
In partnerships that achieve a high level of synergy, the participants develop and "own" solutions that make sense to them. Consequently, they tend to be heavily invested in what they are doing together. When a partnership's collaborative process is not achieving a high level of synergy, its partners are not creating something new and valuable together. As a result, they are less committed to continuing and extending the partnership's work. In this kind of situation, a partnership does not have much of an advantage over what individual people or organisations can do by themselves, and its participants may be justified in wondering whether the time and effort involved in participating in the partnership is really worthwhile.

In the Partnership Self-Assessment Tool, synergy is measured by a set of 9 questions. The partnership's overall synergy score is the mean of all of the respondents' answers to all 9 of these questions. It reflects the extent to which the participants in the partnership are accomplishing more together than they can on their own.

**The partnership's overall synergy score is 2.9.**

**This score is in the Danger Zone.**

Scores from 1.0–2.9 are in the Danger Zone, which means that this area needs a lot of improvement. Scores from 3.0–3.9 are in the Work Zone, which means that more effort is needed in this area to maximise the partnership's collaborative potential. Scores from 4.0–4.5 are in the Headway Zone, which means that although the partnership is doing pretty well in this area, it has the potential to progress even further. Scores from 4.6–5.0 are in the Target Zone, which means that the partnership currently excels in this area and needs to focus attention on maintaining its high score.

The table on the next page shows how the partnership scored on each of the 9 questions that make up the overall synergy scale. This table, which is more detailed than the overall synergy score, reflects the particular ways that the participants in the partnership are doing more together than they can on their own. The 9 questions (each representing an attribute of synergy) are ordered according to their mean scores, starting with the attribute that got the highest mean score and ending with the one that got the lowest mean score.
Synergy

How well, by working together, the participants in the partnership are able to:

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respond to the needs and problems of the community</td>
<td>3.2</td>
</tr>
<tr>
<td>Develop goals that are widely understood and supported among partners</td>
<td>3.2</td>
</tr>
<tr>
<td>Identify how different services/programs in the community relate to problems the partnership is trying to address</td>
<td>3.0</td>
</tr>
<tr>
<td>Implement strategies that are most likely to work in the community</td>
<td>2.8</td>
</tr>
<tr>
<td>Obtain support from individuals/organisations in the community that can block the partnership's plans or help to move them forward</td>
<td>2.8</td>
</tr>
<tr>
<td>Identify new and creative ways to solve problems</td>
<td>2.7</td>
</tr>
<tr>
<td>Include the views/priorities of people affected by the partnership’s work</td>
<td>2.7</td>
</tr>
<tr>
<td>Carry out comprehensive activities that connect multiple services, programs, or systems</td>
<td>2.7</td>
</tr>
<tr>
<td>Communicate to people in the community how the partnership’s actions will address problems that are important to them</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Look carefully at these results. They identify the partnership’s particular strengths and weaknesses with regard to synergy. The partnership is achieving a given attribute of synergy extremely well if the respondents’ mean score is 5, very well if the score is 4, somewhat well if the score is 3, not so well if the score is 2, and not well at all if the score is 1. Partnerships that achieve a score of 5 on all of the 9 attributes have a collaborative process that is successfully making the most of collaboration.

Synergy is very difficult to achieve, so celebrate the partnership’s strengths in this area. If the overall synergy score is high, communicate this important accomplishment to partners, funders, and members of the broader community. Because the Partnership
Self-Assessment Tool gives the partnership a way to measure synergy, you can now document a critical outcome of the collaborative process that was previously invisible.

To improve the partnership’s synergy level, discuss what synergy means with the other members of the partnership, paying particular attention to the attributes of synergy in which the partnership is weakest (i.e., those with the lowest scores at the bottom of the table). The rest of this report will tell you what the partnership can focus on to make those scores higher.

The Partnership Strengths and Weaknesses in Areas that are know to be Related to Synergy

The Center’s National Study of Partnership Functioning (CACSH 2002) identified four factors that are related to a partnership’s ability to achieve a high level of synergy:

- the effectiveness of the partnership’s leadership;
- the efficiency of the partnership;
- the effectiveness of the partnership’s administration and management;
- the sufficiency of the partnership’s resources.

The Partnership Self-Assessment Tool measured the partnership’s strengths and weaknesses in these areas. With this information, the partnership can readily identify what it is doing well and what it needs to focus on to improve the success of its collaborative process.

The Effectiveness of the Partnership’s Leadership

The National Study of Partnership Functioning showed that leadership is the most important factor related to partnership synergy. The kind of leadership that partnerships need to achieve a high level of synergy is special leadership that enables a diverse group of participants to talk to, learn from, and work with each other over an extended period of time. Partnerships that are effective in doing this often involve a number of people in the provision of leadership, in both formal
and informal capacities. Together, these leaders help a partnership make the most of collaboration by playing the following roles:

- The leadership *reaches out to and recruits diverse people and organizations*, providing the partnership with the additional perspectives, skills, and resources that it needs.

- The leadership *inspires and motivates the people involved in a partnership* by articulating what the partners can accomplish together and how their joint work will benefit not only the community, but also each of them individually.

- The leadership facilitates a collaborative process that *empowers participants*, by assuring that they have real influence in the way the partnership addresses problems that affect their lives.

- The leadership helps partners from different backgrounds *develop relationships with each other and engage in ongoing, meaningful discourse*. To make this happen, leaders foster respect, trust, inclusiveness, and openness in the partnership. They help participants develop a commonly understood, jargon-free language. They create an environment in which differences of opinion can be voiced.

- The leadership *helps participants do more together than they can on their own* by stimulating them to be creative and look at things differently, by relating and synthesising their different ideas, and by finding effective ways to combine their complementary skills and resources.
In the Partnership Self-Assessment Tool, the effectiveness of a partnership’s leadership is measured by a set of 11 questions. The partnership’s overall score for leadership effectiveness is the mean of all of the respondents’ answers to all of these questions.

**The partnership’s overall score for leadership effectiveness is 2.8.**

**This score is in the Danger Zone.**

Scores from 1.0–2.9 are in the Danger Zone, which means that this area needs a lot of improvement. Scores from 3.0–3.9 are in the Work Zone, which means that more effort is needed in this area to maximize the partnership’s collaborative potential. Scores from 4.0–4.5 are in the Headway Zone, which means that although the partnership is doing pretty well in this area, it has the potential to progress even further. Scores from 4.6–5.0 are in the Target Zone, which means that the partnership currently excels in this area and needs to focus attention on maintaining its high score.

The table below shows how the partnership scored on each of the 11 questions that make up the leadership effectiveness scale. This table provides you with more detailed information than the overall score. The 11 questions (each representing an attribute of effective leadership) are ordered according to their mean scores, starting with the attribute that got the highest mean score and ending with the one that got the lowest mean score.
### Leadership Effectiveness

<table>
<thead>
<tr>
<th>Leadership Attributes</th>
<th>Partnership Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking responsibility for the partnership</td>
<td>3.3</td>
</tr>
<tr>
<td>Working to develop a common language in the partnership</td>
<td>3.2</td>
</tr>
<tr>
<td>Helping the partnership to be creative and look at things differently</td>
<td>3.0</td>
</tr>
<tr>
<td>Empowering the people in the partnership</td>
<td>2.8</td>
</tr>
<tr>
<td>Communicating the partnership’s vision</td>
<td>2.8</td>
</tr>
<tr>
<td>Fostering respect, trust, and inclusiveness</td>
<td>2.8</td>
</tr>
<tr>
<td>Inspiring and motivating people in the partnership</td>
<td>2.8</td>
</tr>
<tr>
<td>Resolving conflict among partners</td>
<td>2.5</td>
</tr>
<tr>
<td>Combining partners’ perspectives, resources and skills</td>
<td>2.5</td>
</tr>
<tr>
<td>Creating an environment where different opinions can be voiced</td>
<td>2.3</td>
</tr>
<tr>
<td>Recruiting diverse people and organisations</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Look at these results carefully. They identify the particular strengths and weaknesses of the partnership’s leadership. For each attribute, the effectiveness of the partnership’s leadership is *excellent* if the respondents’ mean score is 5, *very good* if the score is 4, *good* if the score is 3, *fair* if the score is 2, and *poor* if the score is 1. Partnerships that achieve a score of 5 on all of the 11 attributes have the kind of leadership that promotes a high level of synergy.

The attributes of leadership on this scale are very different from the kind of leadership that most people have experienced or have been trained to provide. Therefore, be sure to celebrate the partnership’s strengths in this area. Identify the people in the
partnership who are providing the attributes of leadership that received high scores. Recognise these participants for their important contributions to the partnership and encourage them to train other members in these skills so that the partnership’s leadership will be sustained beyond the tenure of any particular individual.

To improve the effectiveness of the partnership’s leadership, discuss the findings in the table with the other members of the partnership. See if any of them have, or know someone who has, leadership skills that the partnership is either under-utilizing or lacking. Use the information in the table to recruit new people into the partnership who can provide needed kinds of leadership. When you do so, look for people who are boundary-spanners—people with backgrounds and experience in multiple fields who understand and appreciate different perspectives and can bridge diverse cultures. Also, look for people who are comfortable sharing ideas, resources, and power.

The Efficiency of the Partnership

The National Study of Partnership Functioning documented the importance of partnership efficiency in achieving a high level of synergy. Partnership efficiency is a measure of how well a partnership optimises the involvement of its participants. An efficient partnership maximizes synergy and keeps its partners engaged by:

- matching the roles and responsibilities of its participants with their particular interests and skills

- making good use of its participants’ financial and in-kind resources

- running a collaborative process—including meetings—that makes good use of its participants’ time

In the Partnership Self-Assessment Tool, the efficiency of a partnership is measured by a set of 3 questions. The partnership’s overall efficiency score is the mean of all of the respondents’ answers to all of these questions.
The partnership’s overall efficiency score is 3.1.

This score is in the Work Zone.

Scores from 1.0–2.9 are in the Danger Zone, which means that this area needs a lot of improvement. Scores from 3.0–3.9 are in the Work Zone, which means that more effort is needed in this area to maximise the partnership’s collaborative potential. Scores from 4.0–4.5 are in the Headway Zone, which means that although the partnership is doing pretty well in this area, it has the potential to progress even further. Scores from 4.6–5.0 are in the Target Zone, which means that the partnership currently excels in this area and needs to focus attention on maintaining its high score.

The table below shows how the partnership scored on each of the questions that make up the efficiency scale. This table provides you with more detailed information than the overall score. The 3 questions (each representing a dimension of partnership efficiency) are ordered according to their mean scores, starting with the dimension that got the highest mean score and ending with the one that got the lowest mean score.

<table>
<thead>
<tr>
<th>Efficiency</th>
<th>Partnership Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well the partnership is using its partners’:</td>
<td></td>
</tr>
<tr>
<td>In-Kind resources</td>
<td>3.2</td>
</tr>
<tr>
<td>Financial resources</td>
<td>3.0</td>
</tr>
<tr>
<td>Time</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Look carefully at these results. They reflect how well the partnership is using its partners’ financial resources, in-kind resources, and time. A mean score of 5 across the respondents is excellent, a score of 4 is very good, a score of 3 is good, a score of
2 is fair, and a score of 1 is poor. Partnerships that achieve a score of 5 in all 3 areas are optimising the involvement of their participants in a way that promotes synergy.

As with leadership, celebrate the partnership’s strengths with regard to partnership efficiency. To improve the partnership’s performance, discuss the findings in the table with the other members of the partnership, and get their ideas about how efficiency can be improved. In addition, examine the partnership’s scores in other parts of this report. Often, partnerships can make better use of their members’ time, skills, and resources by strengthening the leadership and management of the partnership, by enhancing participants’ involvement in the decision-making process, and by addressing particular drawbacks that participants are experiencing.

**The Effectiveness of The Partnership’s Administration and Management**

The administration and management of a partnership is the “glue” that makes it possible for multiple, independent people and organisations to combine their knowledge, skills, and resources. The findings of the National Study of Partnership Functioning suggested that partnerships need a certain kind of administration and management to achieve high levels of synergy—one that is very different from bureaucratic forms of management (which tend to be rigid and control what people do). Partnerships that maximise synergy, and are thus able to make the most of collaboration, effectively carry out the following kinds of administration and management activities:

- providing orientation to new participants as they join the partnership;

- minimising barriers that can prevent certain participants from participating in the partnership’s meetings and activities (for example, by providing transportation, child care, and translation services and by holding meetings at convenient places and times);
• facilitating **timely communication**—not only among a broad array of partners, but also with people and organisations outside the partnership;

• **co-ordinating meetings, projects, and other partnership activities**;

• supporting partnership participants in **applying for grants and managing funds**;

• providing the partnership with **analytic support**, for example, by preparing documents that inform participants and help them make timely decisions and by evaluating the progress and impact of the partnership.

In the Partnership Self-Assessment Tool, the effectiveness of a partnership’s administration and management is measured by a set of 9 questions. The partnership’s overall score for the effectiveness of its administration and management is the mean of all of the respondents’ answers to all of these questions.

**The partnership’s overall score for the effectiveness of its administration and management is 2.8.**

**This score is in the Danger Zone.**

Scores from 1.0–2.9 are in the Danger Zone, which means that this area needs a lot of improvement. Scores from 3.0–3.9 are in the Work Zone, which means that more effort is needed in this area to maximise the partnership’s collaborative potential. Scores from 4.0–4.5 are in the Headway Zone, which means that although the partnership is doing pretty well in this area, it has the potential to progress even further. Scores from 4.6–5.0 are in the Target Zone, which means that the partnership currently excels in this area and needs to focus attention on maintaining its high score.
The table below shows how the partnership scored on each of the questions that make up the administration and management effectiveness scale. This table provides you with more detailed information than the overall score. The 9 questions (each representing an administration and management activity) are ordered according to their mean scores, starting with the activity that got the highest mean score and ending with the one that got the lowest mean score.

**Administration and Management Effectiveness**

<table>
<thead>
<tr>
<th>Administration and Management Activities:</th>
<th>Partnership Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performing secretarial duties</td>
<td>3.8</td>
</tr>
<tr>
<td>Organising partnership activities</td>
<td>3.5</td>
</tr>
<tr>
<td>Applying for and managing grants and funds</td>
<td>3.2</td>
</tr>
<tr>
<td>Co-ordinating communication among partners</td>
<td>3.0</td>
</tr>
<tr>
<td>Co-ordinating communication with people/organisations outside the partnership</td>
<td>3.0</td>
</tr>
<tr>
<td>Preparing materials that inform partners</td>
<td>2.8</td>
</tr>
<tr>
<td>Minimising barriers for participation in partnership meetings and activities</td>
<td>2.3</td>
</tr>
<tr>
<td>Evaluating the partnership's progress and impact</td>
<td>2.2</td>
</tr>
<tr>
<td>Providing orientation to new partners</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Look carefully at these results. They identify the particular strengths and weaknesses of the partnership's administration and management. For each activity, the effectiveness of the partnership's administration and management is *excellent* if the respondents' mean score is 5, *very good* if the score is 4, *good* if the score is 3, *fair* if the score is 2, and *poor* if the score is 1. Partnerships that achieve a score of 5 on all
of the 9 activities have the kind of administration and management that promotes a high level of synergy.

Many of the administration and management activities on this scale are quite different from the traditional kind of administration and management that most people have experienced. Therefore, celebrate the partnership’s strengths in this area. Identify the people in the partnership who are carrying out the administration and management activities that got high scores. Recognise these participants for their important contributions to the partnership and encourage them to train other people in these skills so that the partnership’s administration and management will not deteriorate if a particular co-ordinator or member leaves the partnership.

To improve the effectiveness of the partnership’s administration and management, discuss the findings in the table with the other members of the partnership. See if any of them have, or know someone who has, administration and management skills that the partnership is either under-utilising or lacking. Use the information in the table to identify additional staff, partners, or volunteers who can contribute to, and strengthen, the partnership’s administration and management.

Another way to take corrective action is to see if the person who co-ordinates the activities of the partnership is devoting at least 30 hours per week to administration and management. The National Study of Partnership Functioning documented that the effectiveness of administration and management is lower in partnerships that do not have a full time co-ordinator. You may be able to use the results of this report to help the partnership secure additional funds to pay a staff person to spend more time on the administration and management of the partnership, or to purchase equipment, like a fax machine or computers, that can help the partnership strengthen its administration and management.

The Sufficiency of the Partnership’s Resources

The knowledge, skills, and other resources that participants contribute to a partnership are the basic building blocks of synergy. It is by combining these resources in various ways that participants create something new and valuable that transcends what they
can accomplish on their own. *Who* is involved in the partnership is important in this regard, because partnerships with a broad and diverse array of participants have a greater variety of knowledge, skills, and resources with which to create synergy than partnerships with a few homogeneous partners. Below, we report on the ability of the partnership to obtain needed non-financial resources and needed financial and other capital resources.

**The Partnership's Non-financial Resources**

The findings of the National Study of Partnership Functioning suggested that the ability of a partnership to achieve a high level of synergy depends on the contribution of sufficient non-financial resources from its partners. Important non-financial resources include:

- the broad array of *knowledge, skills, and expertise* that partnerships need to recruit different kinds of partners, lead and manage the collaboration process, plan and carry out comprehensive interventions, and document and evaluate the work of the partnership;

- the various kinds of *data and information* that partnerships need to identify and understand complex problems, including not only statistical data, but also the perspectives, values, and ideas of residents who are directly affected by problems, and information about the community’s assets, politics, and history;

- connections to particular people, organisations, and groups that need to be engaged in the partnership’s work, such as youth, low-income residents, political decision-makers, government agencies, private sector funders, academic institutions, businesses, and other partnerships in the community;
- **legitimacy and credibility** with various community stakeholders;

- **convening power**—the influence and ability to bring people together for partnership meetings and other activities.

In the Partnership Self-Assessment Tool, the sufficiency of a partnership’s non-financial resources is measured by a set of 6 questions. The partnership’s overall score for sufficiency of non-financial resources is the mean of all of the respondents’ answers to all of these questions.

The partnership’s overall score for sufficiency of non-financial resources is 3.2

This score is in the Work Zone.

Scores from 1.0–2.9 are in the Danger Zone, which means that this area needs a lot of improvement. Scores from 3.0–3.9 are in the Work Zone, which means that more effort is needed in this area to maximize the partnership’s collaborative potential. Scores from 4.0–4.5 are in the Headway Zone, which means that although the partnership is doing pretty well in this area, it has the potential to progress even further. Scores from 4.6–5.0 are in the Target Zone, which means that the partnership currently excels in this area and needs to focus attention on maintaining its high score.

The table on the next page shows the partnership’s scores for each kind of non-financial resource. This table provides you with more detailed information than the overall score. The 6 kinds of non-financial resources are ordered according to their mean scores, starting with the resource that got the highest mean score for sufficiency and ending with the one that got the lowest mean score.
<table>
<thead>
<tr>
<th>Kinds of Non-Financial Resources</th>
<th>Partnership Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge, skills, and expertise</td>
<td>3.3</td>
</tr>
<tr>
<td>Data and information</td>
<td>3.3</td>
</tr>
<tr>
<td>Influence and ability to bring people together for meetings/activities</td>
<td>3.2</td>
</tr>
<tr>
<td>Connections to political decision-makers, government agencies and others</td>
<td>3.2</td>
</tr>
<tr>
<td>Legitimacy and credibility</td>
<td>3.2</td>
</tr>
<tr>
<td>Connections to people affected by the problem(s)</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Look carefully at these results. They identify the partnership’s strengths and weaknesses in obtaining the non-financial resources that it needs to work effectively. For each kind of non-financial resource, the partnership has all of what it needs if the respondents’ mean score is 5, most of what it needs if the score is 4, some of what it needs if the score is 3, almost none of what it needs if the score is 2, and none of what it needs if the score is 1. Partnerships that achieve a score of 5 for all 6 resources have the basic building blocks to achieve high levels of synergy.

Celebrate the partnership’s accomplishments in obtaining non-financial resources. To sustain these resources over time, identify the people and organizations who are contributing these “in-kind” resources and see if they would be willing to make a formal commitment to the partnership to provide these resources on a continuing basis.

To obtain non-financial resources that the partnership needs, discuss the findings in the table with the other members of the partnership. See if any of them has, and is interested in contributing, resources that the partnership is either under-utilising or lacking. Another tactic is to use this information to identify additional people and
organisations that the partnership should recruit. When you do so, go beyond the “usual suspects,” such as professionals, service providers, formal community leaders, and government agencies. Consider the valuable knowledge, skills, and resources that the partnership could leverage by recruiting, as partners, people who use services, youth, low-income residents, people directly affected by problems, informal community leaders, academics in various disciplines, schools, businesses, and faith-based organisations.

The Partnership’s Financial and Other Capital Resources

Financial and other capital resources, including space, equipment, and goods, are clearly important assets to a partnership since they are essential for hiring staff and carrying out certain kinds of programs. Yet the relationship of financial resources to synergy is probably indirect; partnerships need financial and other capital resources to support their administration and management activities, which, in turn, promote synergy.

In the Partnership Self-Assessment Tool, the sufficiency of a partnership’s financial and capital resources is measured by a set of 3 questions. The partnership’s overall score for sufficiency of financial and capital resources is the mean of all of the respondents’ answers to all of these questions.
The partnership's overall score for sufficiency of financial and other capital resources is 3.7.

This score is in the Work Zone.

Scores from 1.0–2.9 are in the Danger Zone, which means that this area needs a lot of improvement. Scores from 3.0–3.9 are in the Work Zone, which means that more effort is needed in this area to maximize the partnership's collaborative potential. Scores from 4.0–4.5 are in the Headway Zone, which means that although the partnership is doing pretty well in this area, it has the potential to progress even further. Scores from 4.6–5.0 are in the Target Zone, which means that the partnership currently excels in this area and needs to focus attention on maintaining its high score.

The table below shows the partnership's scores for each kind of financial and capital resource. This table provides you with more detailed information than the overall score. The 3 kinds of financial and capital resources are ordered according to their mean scores, starting with the resource that got the highest mean score for sufficiency and ending with the one that got the lowest mean score.

### Sufficiency of Financial and Other Capital Resources

<table>
<thead>
<tr>
<th>Kinds of Financial and Other Capital Resources:</th>
<th>Partnership Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money</td>
<td>4.0</td>
</tr>
<tr>
<td>Equipment and goods</td>
<td>3.8</td>
</tr>
<tr>
<td>Space</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Look carefully at these results. They identify the partnership's strengths and weaknesses in obtaining the financial and capital resources that it needs to work
effectively. For each kind of resource, the partnership has *all of what it needs* if the respondents’ score is 5, *most of what it needs* if the score is 4, *some of what it needs* if the score is 3, *almost none of what it needs* if the score is 2, and *none of what it needs* if the score is 1.

As with non-financial resources, celebrate the partnership’s accomplishments in obtaining financial and capital resources. To sustain these resources over time, identify the people and organisations who are contributing financial and capital resources and see if they would be willing to make a formal commitment to the partnership to provide these resources on a continuing basis.

To obtain financial and capital resources that the partnership needs, discuss the findings in the table with the other members of the partnership. See if any of these members has, and is interested in contributing, financial and capital resources that the partnership is lacking. You can also use this information to identify additional people and organisations that the partnership should recruit to help the partnership secure external sources of funding. It is important to keep in mind that it may be easier for a partnership to achieve a high level of synergy if it secures financial and capital resources from a broad array of sources rather than from a single organisation. When a collaborative process is dominated by the agenda and requirements of a single funder, its participants do not have the flexibility they need to maximise synergy.

**The Partners’ Views about their Own Participation in the Partnership**

Partners are the source of most partnership resources. They provide partnerships with many resources directly. In addition, they use their resources—such as their skills, connections, and credibility—to obtain external funding and in-kind support. To achieve high levels of synergy, partnerships need to be able to recruit and retain partners who can provide needed resources. To make the most of collaboration, partnerships need to identify and actively engage participants with a sufficient range of knowledge, skills, and other resources to give the group a full picture of the problem it is trying to solve, to stimulate new, locally responsive ways of thinking about solutions to this problem, and to implement comprehensive interventions.
A number of factors influence the willingness of people and organisations to participate actively in partnerships:

- their views about the decision-making process of the partnership;
- the benefits and drawbacks they experience as a result of participation in the partnership;
- their overall satisfaction with participation in the partnership.

The Partnership Self-Assessment Tool measured the respondents' perceptions in these areas. With this information, the partnership can readily identify what it is doing well and what it needs to focus on to enhance its ability to recruit and retain partners. Of note, and as described in more detail below, improving the partnership's leadership, efficiency, and administration and management can not only maximize synergy but also make the collaborative process more meaningful and enjoyable for participants. Consequently, by improving the scores in the previous section of this report, you can also improve the scores in this one.

**How The Respondents View the Partnership’s Decision-Making Process**

A partnership's decision-making process determines who is involved in partnership decision making and how partnership decisions are made. In the Partnership Self-Assessment Tool, respondents' views about a partnership's decision-making process are measured by 3 questions.
When respondents were asked how *comfortable* they are with the way decisions are made in the partnership:

- 0% reported they are extremely comfortable
- 17% reported they are very comfortable
- 66% reported they are somewhat comfortable
- 17% reported they are a little comfortable
- 0% reported they are not at all comfortable

When respondents were asked how often they *support* the decisions made by the partnership:

- 0% reported all of the time
- 67% reported most of the time
- 33% reported some of the time
- 0% reported almost none of the time
- 0% reported none of the time
When respondents were asked how often they feel they have been *left out* of the decision-making process:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>reported all of the time</td>
</tr>
<tr>
<td>0%</td>
<td>reported most of the time</td>
</tr>
<tr>
<td>33%</td>
<td>reported some of the time</td>
</tr>
<tr>
<td>50%</td>
<td>reported almost none of the time</td>
</tr>
<tr>
<td>17%</td>
<td>reported none of the time</td>
</tr>
</tbody>
</table>

The partnership has cause for celebration if the vast majority of the respondents gave the most positive response to all 3 questions (providing, of course, that the people who were asked to fill out the questionnaire—and who actually filled it out—including those who could potentially have been left out of the partnership’s decision-making process).

If the decision-making scores are not as high as you would like them to be, discuss the findings with the other members of the partnership. In particular, find out what they know about the decision-making process, the roles they want to play in decision-making, and the ideas they have for improving the process.

In addition, look at the scores in other areas of this report. You may be able to enhance the partnership’s decision-making process by strengthening the effectiveness of the partnership’s *leadership* (e.g., by fostering respect, trust, and inclusiveness and by creating an environment in which differences of opinion can be voiced); by improving the partnership’s *efficiency* (e.g., by making good use of the participants’ knowledge in making partnership decisions); and by strengthening the partnership’s *administration and management* (e.g., by including information about the decision-making process in the orientation for new partnership members).
How The Respondents View the Benefits and Drawbacks of Participation

One of the most important factors that influences the decision by people and organisations to participate in a partnership is their perception of the relative benefits and drawbacks involved. Partners who receive substantial benefits from participating in partnerships tend to be more active in the partnership than partners who do not. Minimising the drawbacks that are associated with participation may be just as important to partners as providing them with additional benefits.

In the Partnership Self-Assessment Tool, the respondents were asked to compare the benefits and drawbacks they are experiencing as a result of participating in the partnership and to identify the particular kinds of benefits and drawbacks they have experienced thus far.

When respondents were asked how the benefits of participating in the partnership compare to the drawbacks:

- 17% reported that the benefits greatly exceed the drawbacks
- 17% reported that the benefits exceed the drawbacks
- 66% reported that the benefits and drawbacks are about equal
- 0% reported that the drawbacks exceed the benefits
- 0% reported that the drawbacks greatly exceed the benefits

The table on the next page shows the percentage of respondents in the partnership who have received each of 11 kinds of benefits. The benefits are in rank order, starting with the benefit that is most commonly received by respondents in the partnership and ending with the one that is received least often.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Percent Receiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinds of Benefits:</td>
<td></td>
</tr>
<tr>
<td>Enhanced ability to address important issues</td>
<td>83%</td>
</tr>
<tr>
<td>Acquisition of useful knowledge about services, programs, or people in the community</td>
<td>83%</td>
</tr>
<tr>
<td>Development of valuable relationships</td>
<td>83%</td>
</tr>
<tr>
<td>Ability to make a contribution to the community</td>
<td>83%</td>
</tr>
<tr>
<td>Enhanced ability to meet the needs of my constituency or clients</td>
<td>67%</td>
</tr>
<tr>
<td>Ability to have a greater impact than I could have on my own</td>
<td>67%</td>
</tr>
<tr>
<td>Acquisition of additional financial support</td>
<td>67%</td>
</tr>
<tr>
<td>Increased utilization of my expertise or services</td>
<td>50%</td>
</tr>
<tr>
<td>Development of new skills</td>
<td>50%</td>
</tr>
<tr>
<td>Heightened public profile</td>
<td>33%</td>
</tr>
<tr>
<td>Enhanced ability to affect public policy</td>
<td>33%</td>
</tr>
</tbody>
</table>
The table below shows the percentage of respondents in the partnership who have experienced each of 6 kinds of *drawbacks*. The drawbacks are in rank order, starting with the drawback that is most commonly experienced by respondents in the partnership and ending with the one that is experienced least often.

**Drawbacks**

<table>
<thead>
<tr>
<th>Kinds of Drawbacks</th>
<th>Percent Experiencing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustration or aggravation</td>
<td>100%</td>
</tr>
<tr>
<td>Diversion of time and resources away from other priorities or obligations</td>
<td>67%</td>
</tr>
<tr>
<td>Insufficient influence in partnership activities</td>
<td>50%</td>
</tr>
<tr>
<td>Insufficient credit given to me for contributing to the accomplishments of the partnership</td>
<td>33%</td>
</tr>
<tr>
<td>Conflict between my job and the partnership’s work</td>
<td>33%</td>
</tr>
<tr>
<td>Viewed negatively due to association with other partners or the partnership</td>
<td>17%</td>
</tr>
</tbody>
</table>

The partnership has cause for celebration if the vast majority of the partnership’s respondents are experiencing benefits that greatly exceed their drawbacks (providing, of course, that the people who were asked to fill out the questionnaire—and who actually filled it out—included those who may be having serious problems with participation).

You may find the itemised list of benefits in this report useful in recruiting additional people and organisations into the partnership since it documents the benefits that current participants are receiving. If you would like to enhance the benefits that the participants of the partnership receive and minimise the drawbacks, discuss the findings in the table with the other members of the partnership. In particular, find out
what benefits each participant wants to receive, discuss what the partnership can do to make that happen, and talk about the drawbacks that participants most commonly experience.

In addition, look at the partnership’s scores in other sections of this report. Improving the partnership’s *leadership, efficiency*, and *administration and management* may help you address some of the drawbacks that participants experience, such as frustration and aggravation, diversion of time and resources, and insufficient credit. You may be able to address participants’ concerns about their influence in the partnership by strengthening the partnership’s *decision-making process*.

**How Satisfied The Respondents are with their Participation in the Partnership**

Participants who are satisfied with their involvement in a partnership are more likely to maintain and increase their level of commitment than participants who are not satisfied. In the Partnership Self-Assessment Tool, the respondents’ satisfaction with participation in the partnership was measured by 5 questions.

**When respondents were asked how satisfied they are with the way the people and organisations in the partnership work together:**

- 0% reported they are completely satisfied
- 17% reported they are mostly satisfied
- 66% reported they are somewhat satisfied
- 17% reported they are a little satisfied
- 0% reported they are not at all satisfied
When respondents were asked how satisfied they are with their *influence* in the partnership:

0% reported they are completely satisfied

50% reported they are mostly satisfied

50% reported they are somewhat satisfied

0% reported they are a little satisfied

0% reported they are not at all satisfied

When respondents were asked how satisfied they are with their *role* in the partnership:

0% reported they are completely satisfied

50% reported they are mostly satisfied

50% reported they are somewhat satisfied

0% reported they are a little satisfied

0% reported they are not at all satisfied
When respondents were asked how satisfied they are with the partnership’s plans for achieving its goals:

0% reported they are completely satisfied
33% reported they are mostly satisfied
67% reported they are somewhat satisfied
0% reported they are a little satisfied
0% reported they are not at all satisfied

When respondents were asked how satisfied they are with the way the partnership has implemented its plans:

0% reported they are completely satisfied
33% reported they are mostly satisfied
67% reported they are somewhat satisfied
0% reported they are a little satisfied
0% reported they are not at all satisfied

The partnership has cause for celebration if the vast majority of the partnership’s respondents reported being completely satisfied in all 5 of these areas (providing, of course, that the people who were asked to fill out the questionnaire—and who actually filled it out—included those who may not be satisfied with their participation).

If the satisfaction scores are not as high as you would like them to be, discuss the findings with the other members of the partnership. In particular, try to find out more about what they expect from participation and is causing them to be dissatisfied.
In addition, look at the scores in other areas of this report. Strengthening the partnership's leadership and administration and management may make participants more satisfied with the way people in the partnership work together. Improving the partnership's efficiency may make participants more satisfied with their roles in the partnership. Enhancing the partnership's decision-making process may be helpful not only in improving participants' satisfaction with their own influence in the partnership, but also in improving their satisfaction with the partnership's plans and the way the partnership is implementing its plans.

**Conclusion:**

**How to use the information in this assessment report**

The information in this report gives you a snapshot of the partnership—a picture of how the partnership is functioning at this point in time. The findings are most meaningful if everyone who is familiar with the way the partnership works was asked to complete the questionnaire and did so honestly. As the text in each section of this report indicates, there are many ways the partnership can act on these results, both to sustain what it is doing well and to address its weaknesses. Used repeatedly over time, the Partnership Self-Assessment Tool gives the partnership a way to track the impact of its efforts to improve the collaborative process.

Think about this assessment report as a starting point for discussion and corrective action. It provides the people in the partnership with a framework for talking about the collaborative process and with objective, quantitative data to anchor and stimulate their conversation. Also, be sure to keep a copy of this report. You will need it to compare with the results of future assessments.
What Do the Data in this Report Tell You?

The partnership’s level of synergy indicates how successful the partnership’s collaborative process has been thus far. The overall synergy score indicates how well the collaborative process is enabling the participants of the partnership to do more together than they can on their own. In other words, it tells the people involved in the partnership how much of an advantage they are getting from collaboration. The detailed synergy scores indicate the particular ways that the partnership’s collaborative process is, and is not, strengthening its participants’ thinking, actions, and relations with the broader community. These scores describe the value the partnership has already gained from collaboration and indicate the additional value it can work to achieve.

The other data in this report provide the partnership with a road map to realise the full potential of collaboration. The overall and detailed scores in each of four areas related to synergy—leadership, efficiency, administration and management, and resources—indicate how well the partnership is doing at the current time and what it needs to strengthen to make the collaborative process work better. The data that show the participants’ perceptions—about the partnership’s decision-making process, the benefits and drawbacks they are experiencing as a result of participation, and their satisfaction with the partnership—indicate what the partnership can do to be more successful in recruiting and retaining needed partners.

How Can The Partnership Benefit from this Information?

Ultimately, what the partnership gets out of the data in this report will depend on what it does with them. A good first step is for the co-ordinator and members of the partnership to talk about the findings at partnership meetings. Why? Because the data in this report are based on information obtained from the participants in the partnership and because the partnership needs the ideas and talents of its diverse participants to understand how its collaborative process is working and to make the process work better.

What can you do in the course of these discussions?
Bring the data alive by telling stories about the partnership. Illustrate the scores in this report with vivid examples of things that have and have not gone well in the partnership.

Celebrate the successes the partnership has achieved and use the data in this report (along with the vivid examples) to communicate these otherwise invisible accomplishments to funders and people in the broader community.

Use the results to identify and acknowledge the contributions of people and organisations in the partnership (e.g., those who have valuable leadership or management skills or who are contributing important in-kind resources). Encourage these partners to train other members in these skills and/or to formalise their contributions to the partnership.

See if current participants have untapped knowledge, skills, or resources that they would like to contribute and that could further the work of the partnership. Consider bringing participants who currently play a more peripheral role in the partnership into the “inner core.” Use information in the report to identify new kinds of participants that the partnership should recruit, new kinds of staff it should engage, and/or new sources of funding it should explore. Broaden involvement in the leadership and management of the partnership.

Now that you know how members feel about their participation in the partnership, discuss what the partnership can do about it. In particular, see how improvements in partnership leadership, efficiency, and management can increase the benefits that partners receive from participation, reduce the drawbacks they are experiencing, and make them more satisfied with their influence and involvement in the partnership.
What Else Can The Partnership Do?

Presently, there is no comprehensive training program to give partnerships the leadership and management capacities they need to enhance and sustain high levels of synergy.

Since partnerships vary in terms of their strengths and weaknesses, meet with other partnerships that have gone through this assessment process to discuss the findings in the respective reports. Different partnerships can learn a lot from each other, particularly in areas where their scores are complementary.
Section 4
Examples of Good Practice from Sure Start Projects across the UK

The National Sure Start evaluation is been undertaken by a team at Birbeck College, London (www.ness.bbk.ac.uk). A summary of the key findings of the most recent evaluation report (Tunstall et al. 2002) is presented in figure 4 below:

**Figure 4**

<table>
<thead>
<tr>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The level of parental involvement in Sure Start programmes is generally high, with an average of five parents represented on the management board of each programme.</td>
</tr>
<tr>
<td>• These parents are overwhelmingly mothers although almost half of programmes do have fathers on the management board.</td>
</tr>
<tr>
<td>• Almost all management boards have representatives from the main statutory agencies health, education and social services departments, and on average 3 representatives from the voluntary sector.</td>
</tr>
<tr>
<td>• On average six voluntary agencies are involved in either the management of the programme or the delivery of services.</td>
</tr>
<tr>
<td>• Joined up working is challenging and there is still a long way to go on this although progress is being made.</td>
</tr>
<tr>
<td>• There is a high level of interaction between Sure Start and other Government initiatives.</td>
</tr>
<tr>
<td>• Sure Start programmes are becoming significant employers in their area, employing professionals and members of the local community on a full, part time or sessional basis.</td>
</tr>
<tr>
<td>• Most programmes have up to twenty volunteers working in the programme.</td>
</tr>
<tr>
<td>• Sure Start programmes are making good use of multidisciplinary workers as well as existing health and social care professionals, particularly in outreach and home visiting activities.</td>
</tr>
<tr>
<td>• Three quarters of programmes are providing new childcare places in either crèche, childminder or group settings.</td>
</tr>
<tr>
<td>• 90% of programmes have, or are in the process of making, links with local educational institutions to encourage parents to take up training or education.</td>
</tr>
<tr>
<td>• There is considerable variation in the funding of programmes with some spending up to six times more per child than the lowest spending programmes.</td>
</tr>
<tr>
<td>• Programmes are making progress towards ensuring families know about Sure Start and have access to services, although this is very challenging and often time consuming, particularly in making sure all groups are encouraged to make use of services.</td>
</tr>
<tr>
<td>• It is taking longer than expected for programmes to implement their Sure Start programmes and to deliver a full range of services.</td>
</tr>
</tbody>
</table>

(Tunstall et al. 2002)
Innovative Ways of Delivering and Evaluating Sure Start

Individual Sure Start projects in England are encouraged to share their evaluation reports and these can be accessed from the National Evaluation website. A convenience sample of these reports was accessed to discover which organisations are carrying out these evaluations; evaluation methods being used; aspects of programmes being evaluated and innovative ways of organising, delivering and evaluating Sure Start.

The evaluations examined appear to be using one of three types of evaluators. Several have commissioned an academic department of a university. This is usually their local university and a range of departments is involved, for example health, education or social science. In several cases these university departments are involved in the evaluation of several Sure Start projects within a geographical region and the same measures are being used across projects allowing for larger samples and comparisons across projects. The second most used evaluator is an independent consultancy company. A few projects were found that used in-house evaluation with some outside input, for example one project had commissioned a one off MORI poll to assess user satisfaction with its services.

Whether using in-house evaluation or external organisations the same methods occur frequently. There is a mix of qualitative and quantitative methods being used and more systematic evaluations aim for triangulation of methods to get a more accurate picture. Action research figures strongly as a way of developing and building on practice. Questionnaires and focus groups are popular ways of collecting data. Increasingly, Sure Start projects are using local people as data collectors and giving them the necessary training to undertake this activity.

There is a regular pattern of the aspects of Sure Start being evaluated, which, as would be expected, matches the key principles of Sure Start. All projects reviewed are using some method of assessing partnership working and user satisfaction with services. All monitor the processes of delivering Sure Start services building on existing data collection systems or using additional ones. Given that Sure Start outcomes are long term few report targets achieved, mostly measuring steps to target
achievement. Cost effectiveness is referred to in many of the evaluations but there are no clear formulae for assessing value for money in any of the reports reviewed.

Whilst most projects evaluate across all services in terms of service use, achievement of short term objectives and user satisfaction, some concentrate on a case study approach. This usually involves an in depth analysis of one particular programme and such approaches are more common where an academic department is responsible for the evaluation and publishes academic papers relating to the initiative.

Examples of innovative Sure Start projects

To give a flavour of more unusual approaches to Sure Start three examples of novel ways of organising and delivering Sure Start are presented in the figures below along with contact e mail addresses for project managers, where available.

**Parental engagement**

**Dudley Sure Start Brierly Hill**

Two surveys of parents have been carried out, the second one drawn up purely by parents. These parents completed a course in research skills and achieved a level two Open College Network (OCN) certificate. Other surveys carried out by this group included a survey of management board members.

Programme manager: Paul Watling
mdepaulw@nch.org.uk

**Financial management**

**Bramley, West Leeds**

This Sure Start has been established as a limited company. Six of the twelve directors are parents; three are from the statutory sector; and, three from the voluntary sector. Parental involvement is a priority at all stages. Although the NSPCC developed the project contacts with health visitors have been particularly positive. The project has an outreach team comprising of 1 health visitor, 1 nurse, 1 nursery nurse and two local parents.

Programme manager: Paul Sharkey/Kathy Shaw
kathy@surestartbramley.co.uk
Meeting local need

Westgate Sure Start, Newcastle
One of the problems identified by this Sure Start is the gap between what young mothers understand healthy eating to mean and how to translate that into their family diet. Links were made with a community kitchen and mothers invited to come in and do some cooking. The family nutrition worker gives women practical cooking sessions instead of simply offering information, which might not be acted on otherwise. Some mothers have moved on to take various courses, including food hygiene and first aid, so that they can support other local people. They have developed a healthy living board game, which is going to be marketed nationally through the NHS and a food co-operative is going to start soon to make fresh food more easily available.


This section has presented a brief snapshot of some of the numerous novel ways that Sure Start projects might be delivered, organised and evaluated. The emphasis throughout is on parental sovereignty and effective partnerships between all stakeholders in the process.
Section 5

Summary and Recommendations

The interim report for the Close to Home project, whilst highlighting its many successes, identified areas for improvement. A key priority was to have members of the Close to Home community as participating members of the management board. Additionally, specific steps were to be put in place to improve partnership working within the management board. Furthermore, a revision of targets was recommended to develop targets that better meet local need and involving Sure Start workers in the process of developing these targets.

To fulfil the latter recommendation a workshop was held with the Close to Home team and targets were reviewed as to the extent to which they were Specific, Measurable, Achievable, Relevant and Timely. The workshop also identified the gaps in current provision from the Sure Start workers perspective. The outcomes of this workshop were presented to the management board and a new set of targets was drafted. However, two significant developments have necessitated a new course of action for the Close to Home team. Firstly, the Child Care Partnership directed that the Close to Home project increase the number of children served by 200% and this can only be achieved by expanding the catchment area of the project. Secondly, in May 2003 the Family Policy Unit issued new guidance for Sure Start projects. This guidance is no longer based on National Sure Start targets and focuses on the following key issues:

- Building strong partnerships
- Understanding local need
- Mapping of local provision
- Identifying gaps in service
- Setting targets at Regional, HSS board and local level
- Reshaping of existing services
- Providing added value
- Providing core services based on home visiting, family support, good quality play and learning.

In response the Close to Home team has produced a new model for Sure Start delivery. The team still favours a core programme and antenatal and postnatal support in the first
year of a child’s life. The project has the skills to deliver this service and locally collected evidence suggests some successful outcomes. For example, breast feeding rates have improved markedly since the project began.

The Close to Home team have devised steps to implement the new model:

- Agree unmet needs
- Identify and facilitate uptake of current services
- Explore reason for non usage of services and identify gaps in services
- Change services to meet identified need and identify new services.

**Recommendations for implementing the new model**

To assess local need with the involvement of the local community a Rapid Participatory Appraisal (RPA) approach is recommended. This would involve the following steps for the Close to Home Team:

- set up a RPA team which should include at least two members of the local community;
- the RPA team agree who are the key community informants e.g. local councillor, GP, clergyman;
- members of the RPA team are designated to interview these key informants to assess their perspective of local need;
- based on key informant data a questionnaire is devised;
- community volunteers are trained in survey techniques;
- these community volunteers carry out the questionnaire survey and are involved in the analysis and interpretation;
- from the data collected the RPA team rank priorities;
- a group of community representatives rank priorities;
- ideally one other independent group ranks priorities;
- a report is produced and distributed to members of the community;
- a public meeting is held in the local community and priorities are agreed.

The RPA approach has been found helpful in assessing need at community level but to assess need at individual family level an Family Health Plan is recommended.
Such a plan should:

- identify the family's health needs from their perspective;
- how the family wishes to address these needs;
- a jointly agreed action plan, which will identify actions to be taken by the family and other statutory and voluntary agencies.

The family health plan included in this report has been well evaluated and whilst remaining the property of the individual family has a summary section for the Sure Start worker to use as another tool in identifying the most frequently occurring gaps in services for families with children under four.

**Partnership working**

Partnership working is identified, by the Family Policy Unit, as a crucial ingredient in the delivery of effective Sure Start programmes. Furthermore, it has been identified as an area for improvement by the Close to Home management team. For these reasons a systematic evaluation of partnership working, using a well validated questionnaire, was undertaken for this report. The questionnaire was distributed to all seven members of the existing management board in May 2003 and six of these responded within the one-month time frame, a response rate of 86%. The results of this study are reported in detail in 3 section of this report and are provided as a starting point for discussion and corrective action. Moreover, these findings provide the Close to Home management team with a framework for talking about the collaborative process and with objective, quantitative data to anchor and stimulate their conversation. It is recommended that the questionnaire be repeated in one year and results compared with the findings documented here.

**Sure Start UK**

The final section of this report gives a brief overview of how Sure Start is progressing in England where it has been established longer. A summary of the most recent National Sure Start evaluation is presented along with some examples of innovative Sure Start organisation and delivery elsewhere. These are presented as some ideas for the Close to Home team and many more are available on the National Sure Start Evaluation website (www.ness.bbk.ac.uk).
References


DHSSPS (2003) Sure Start: A guide to planning and running your local project Belfast: DHSSPS.


