

Sheffield Sure Start Plus: Evaluation

**Report prepared for
Sheffield Sure Start Plus
by**

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EXECUTIVE SUMMARY

1 Introduction

Sheffield Sure Start Plus (SSS+) commissioned Sheffield Hallam University to carry out a local programme evaluation in January 2003. Julia Hirst at the School of Social Sciences and Law, managed the project and carried out the research with Eleanor Formby and Diane Burns, Research Associates in the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.

The evaluation mainly drew on three data sources:

- interviews with a range of individuals and organisations who are connected to and/or have a direct role in managing and delivering Sheffield Sure Start Plus (SSS+)
- interviews with a range of young people who have been referred to SSS+, including people who are currently receiving one to one support
- an analysis of baseline data with regard to monitoring and measuring local and national targets.

2 Development of Sheffield Sure Start Plus

Given that the SSS+ programme has only been working with clients for 18 months, considerable progress has been made. The scheme began with the appointment of its part time Co-ordinator in February 2001. Four months later, a full time Personal Advisor (PA) and a part time Guidance Worker for pregnant young women and young parents were appointed. Casework began with young people in December 2001. Two full time PAs have been in post since September 2002. A Specialist Teenage Pregnancy Midwife has recently been appointed and there are plans to recruit an education, training and employment Development Worker. The programme is supported by the SS+ Partnership Board, Management Steering Group, the Teenage Pregnancy Partnership Board (TPPB) and until recently, the local Teenage Pregnancy Co-ordinator (the post has been empty but an appointment has been made).

To date, approximately 300 pregnant young people and young mothers have been referred to SSS+ (November 2001-July 2003). Eighty are currently being offered support by the PAs ('caseloaded'). Young people access the service via self-referral or professional referrals (from antenatal, postnatal and education sector services). The majority of referrals are made by Health Visitors and Learning Mentors based in schools. SSS+ tends to work with referrals for those over 16 years; those under 16 who are pregnant or have a child are usually referred to the Hospital and Home Education Service because of this service's remit to help young people sustain their education.

The major components of the programme are: close working with existing mainstream services for pregnant young women and young parents, notably the Hospital and Home Education Service (HHES); the provision of new

dedicated services; influencing mainstream services (to be appropriate and accessible to young people); and working with existing agencies to effect the mainstreaming of provision when funding for SS+ ends in 2006. Key features are one to one emotional and practical support ('caseload' work) and referral to other agencies; group support/activities via the SS+ 'drop-in'; and support for community activities funded by the 'small grants' and 'community chest' initiative. Provision also includes more distant contact (following referral), involving, at minimum one home visit and postal communication. A majority of work focuses on young mothers.

3 *Impact and Effectiveness of Sheffield Sure Start Plus*

Sheffield SS+ is achieving significant successes in implementing the service, inter-agency working and partnership, strengthening local services' understandings about the needs and experiences of young people, information sharing and effective publicity. More specifically:

- the service is positively impacting on pregnant teenagers and mothers and is highly valued and much needed by those receiving one-to-one support
- considerable partnership, inter-agency and new service development has been achieved (liaison between SSS+ and the HHES is a notable example)
- SSS+ has successfully secured the engagement of a number of specific key mainstream providers
- SSS+ has played a significant role in enhancing awareness of the experiences and needs of pregnant young women, young mothers and their children; and widening the holistic agenda of needs that now requires recognition by other service providers
- publicity to advertise the service and increase the referral rates of young pregnant women and young mothers has been successful
- the horizontal sharing of information between practitioners both within and without the SSS+ Partnership is largely functional.

SSS+ appears to offer a good quality service. From the perspective of the teenage users' and providers' interviewed, the service is viewed as necessary and useful. Those in receipt of one to one support from PAs and involved in group activities regard the service as invaluable for emotional, practical and social support. Young people and service providers have identified strengths and weaknesses and strategies for enhancing the development and effectiveness of provision. Service providers feel that advice work with young people is a significant strength, though deficits are acknowledged. The strategy for overall project management, individual line management, budget management, administration and co-ordination of the programme, and liaison with other agencies has been difficult to discern (from the evaluators' perspective), is not clear to all stakeholders, and is suggested as the aspect of the programme which is functioning least well. Recent changes (since April 2003) in strategic and operational management that render SSS+ accountable to the Teenage Pregnancy Partnership Board provide a timely opportunity for review and revision.

Opinion varies on whether inter-agency working is fully effective. Scrutiny of lines of accountability, roles, responsibilities and referral pathways is recommended. Some providers request closer involvement with some mainstream services (notably, housing and benefits), arguing that these services are not easily accessible or user friendly for young people. The PAs and Co-ordinator feel this situation is improving and point to recent negotiations with housing services that allow young people to bypass routine pathways and provide a system that is simpler and more easily accessed. Training for a mainstream provider on working with young people is also scheduled for September 2003. A regular and on-going information sharing and training programme, to facilitate better guarantees of sustainability within mainstream provision, is recommended.

The PAs are line managed by the Connexions Manager and supervised by the Specialist PA for Vulnerable Young Women at the Work With Girls Unit. Issues raised by the PAs are fed into the SSS+ Management Steering Group by the Connexions Manager. The SSS+ Co-ordinator is supervised by the Co-ordinator of Family Support Education and has recently been supported by a member of the Teenage Pregnancy Partnership Board since the departure of the Teenage Pregnancy Co-ordinator. The Co-ordinator has no management responsibility, which contrasts with systems in other SS+ pilots (Sure Start Plus National Evaluation Interim Report, May 2003). Processes of line management and supervision have created tensions and their functioning merit review.

The capacity of some workers to meet demand is being exceeded (notably, the SSS+ Co-ordinator and Personal Advisors); consideration of the best approach to meeting current and future demand will need to be given.

Sure Start Plus and Connexions are initiatives that government policy highlighted as services that should collaborate to meet the needs of young people. As an explicit step to signal this collaboration Sheffield SS+ provides the funding for the two PAs but they are employed and managed by Sheffield Futures and Connexions and located in the Sheffield Futures and Connexions service. The manager of the latter is also on the Management Steering Group and SSS+ Partnership Board. However, from the data available, the specific role of Connexions in SSS+ work is not clearly established, nor mechanisms for liaison and referral apparent for all professionals and clients. Only one young person interviewed made reference to Connexions (attended a course) and when directly questioned on Connexions most had no accurate knowledge of the service identity or role. The contribution (particularly financial) of Connexions (other than that stated above) to supporting pregnant young people and parents is worthy of review.

As mentioned above, provision is focused on one to one support for young mothers and their child/ren. Less support is in place for pregnant young people and the decision-making process regarding the pregnancy, and those who have miscarried or had a termination, with most of this work being undertaken by the Youth Clinic and GPs. Funding for a dedicated guidance worker (to be located at the Youth Clinic) to fulfil this role is currently under

negotiation. Specific projects with minority ethnic young people have been achieved with funding via the community chest initiative; projects with Muslim young people received positive feedback. There is no evidence of work with asylum seekers. The majority of work with young fathers is undertaken by the Father Figures Project (FFP) and the project leader reports poor referral rates from SSS+. However, the SSS+ PA's do have a working policy to signpost young fathers to the FFP - the small number of referrals so far made is in part a reflection of the number of young men who have contacted SSS+ during the past 18 months. Work with harder to reach young people (e.g. traveller or transient families) remains a goal but is not developed. If a child is born to a mother under 18 years of age, SSS+ has a policy to offer support until the child is 4 years old but the majority of this work with over 18s is undertaken by Sure Start schemes. All in all, it seems (and supported by interviews with practitioners) that services for young fathers, minority ethnic young people, mothers over 18, transient families and support for those having terminations or whose baby is adopted, are not well developed, though the demand created by referrals to some extent accounts for this. As SSS+ enters its mid term of operation there should be a review of strategies for the proactive support of these groups to ensure their involvement.

The identity of Sheffield Sure Start Plus is not clearly distinguished or obvious to all providers and consumers. It is the opinion of some service providers that a clear identity is not necessary as long as young people are receiving the required support. However, the successful mainstreaming and future resourcing of the SSS+ service will partly depend on a clear identity and rationale that distinguishes and justifies its role and relationship to other existing provision.

No formal strategy or methodology exists for the collection, recording and monitoring of baseline data. The system appears rather *ad hoc* and has created problems for the Co-ordinator in producing the required data for the evaluation, and those working in key areas of provision who are unclear of their roles and responsibilities vis-à-vis data collection. A consultation exercise is recommended to develop and agree a centralised data collection system. Service agreements should be negotiated with key agencies and a central point (with designated administration) to which all data are forwarded (in line with agreed submission deadlines) would clarify the process and facilitate the easier dissemination of the total data set for the annual evaluation.

Difficulties arise in working with limited national guidance. Lines of communication and accountability of Sheffield SS+ to the national Sure Start Plus body and the national evaluation team are unclear to some practitioners, though the local Co-ordinator values the individual support provided by the national Co-ordinator. Clearer written communication, enhanced information, feedback and support mechanisms from national bodies could enhance efficiency and networking pathways to share learning and models of good practice.

Information exchange between local partners is not fully functional. Information sharing across horizontal lines (e.g. between PAs and Learning

Mentors and PAs in other SS+ pilots) is occurring but vertical sharing of information (between different agencies and within hierarchies) is less effective. Some of those interviewed were not familiar with recent developments or clear on the implications for SS+, and findings from research and other initiatives do not appear to be routinely disseminated or there are long delays (e.g. MACTIPP study of minority ethnic young people's experience of services). This inhibits the potential to capitalise on new insights in action planning.

4 Points for Action

Consideration should be given to the following aspects of the service which are not yet fully functional and/or have/are hindering progress:

- **Strategy for overall management and administration, budget and resource allocation, and liaison and referral pathways is not transparent**
- **Management, accountability and funding of key professionals**
- **Functioning of the SSS+ Partnership Board** (including clarity on roles and responsibilities)
- **The remit of SSS+ Partnership Board and its relationship to Teenage Pregnancy Partnership Board**
- **The absence of a Teenage Pregnancy Co-ordinator and line management for SSS+ Co-ordinator**
- **Diversion of resources in responding to unforeseen new developments and restructuring** (effect on progress to mainstream the service before funding expires in 2006)
- **Provision for fathers, minority ethnic young people, asylum seekers, traveller and transient families, and support for the decision making process regarding pregnancy, termination and adoption**
- **Improving follow-up contact** (for those not receiving one-to-one support)
- **The capacity of support workers and SSS+ Co-ordinator to meet ever increasing demands**
- **Closer involvement of mainstream services in housing and benefits**
- **The role of Connexions in SSS+ activity**
- **Problems with baseline data collection**
- **Vertical sharing of information and research findings and potential to action plan on basis of new insights**
- **Strategies for mainstreaming and sustainability after 2006 (including Sure Start Plus identity and distinction from other provision)**
- **Relationship with national Sure Start Plus body**

A full report of recommendations, including further details about the actions listed above are provided in Section 9 of the main body of the Evaluation Report.

1 INTRODUCTION

This report sets out the findings of an evaluation of the Sheffield Sure Start Plus Pilot Project April 2002 - 2003. The pilot became operational in February 2001.

The evaluation aims:

- to evaluate the impact of Sheffield Sure Start Plus on pregnant teenagers and teenage mothers and fathers;
- to evaluate the impact and efficiency of Sheffield Sure Start Plus partner organisations and services for pregnant teenagers and teenage mothers and fathers;
- to assess the progress of Sheffield Sure Start Plus in achieving the objectives as identified by the national targets for improving the health, learning and well-being of teenage mothers and fathers and a strengthening of families and communities.

The evaluation is based on a number of data sources of which the most important are interviews with young people, staff and members of the SSS+ Partnership Board and an analysis of baseline data.

This report is structured as follows:

- section two describes the national policy context for Sure Start Plus
- section three describes the development and implementation of Sure Start Plus in Sheffield
- section four explains the research and evaluation method
- sections five to eight provide the evidence from the findings that inform our recommendations
- section nine lays out some considerations and recommendations for Sure Start Plus policy and practice
- Appendix one: the schedule of questions used in interviews with young parents
- Appendix two: the schedule of questions used in interviews with stakeholders and staff
- Appendix three: contacts list.

2 THE NATIONAL POLICY CONTEXT FOR SURE START PLUS

The National Strategy for Sexual Health (DoH, 2001) provides the broader framework for the Teenage Pregnancy Strategy and sets out a ten year plan to halve the number of conceptions to under eighteens by 2010 and reduce the risk of long term social exclusion and health adversities for teenage parents and their children. To achieve its goals the 'government's action plan' (SEU, 1999:90) has three broad stands: national and local campaigning to mobilise joint-up action, policy and practice; better prevention strategies; and better support for pregnant teenagers and teenage parents. Specific initiatives to address the latter included collaboration between the DfES and DoH to establish *Connexions* (a combined youth and careers service) and *Sure Start Plus* Pilot Schemes in twenty geographic areas. Sheffield Sure Start Plus represents one of the schemes selected in March 2000, using the SEU action plan of targeting those areas with:

- high teenage pregnancy rates
- at least one local Sure Start programme in place
- and a Health Action Zone in operation

Other areas selected were: Tyne and Wear, South East London, South Yorkshire Coalfields, Manchester and Salford, East London, Teeside, Leeds, Liverpool and St Helens, Bradford, Sandwell, Nottingham City, Kingston on Hull, Wakefield, Walsall, Leicester, Stoke on Trent, Wolverhampton, Plymouth, and Rochdale.

Within the overarching aim of reducing social exclusion, four **objectives** were laid out for these Sure Start Plus areas. These are:

- Improving health
- Improving learning of teenage mothers and fathers and their children
- Strengthening families and communities
- Improving social and emotional well-being

Within these, **measurable targets** were designated:

Improving health

- increase in numbers of pregnant teenagers in contact with health services by twelfth week of pregnancy
- reduction in numbers of teenage mothers smoking during and after pregnancy

Improving learning of teenage mothers and fathers and their children

- increase in percentage of teenage mothers participating in education and obtaining qualification at NVQ Level 1 or above

Strengthening families and communities

- To increase the percentage of teenage mothers who report involvement of their family, father of their child, or partner in their child's upbringing

Improving social and emotional well-being

- Increased identification and appropriate support of all teenage mothers with post-natal depression

Partnership working was described as the key to Sure Start Plus as a whole. For example, guidance issued to each partnership specified that Sure Start Plus areas were to work closely with current Connexions services. Similarly, it was also expected that the pilots would liaise closely with Early Years Development and Childcare Partnerships in each area, in relation to the provision of childcare.

In order to plan their individual provision tied to the needs of the area, pilot programmes each wrote their own specific delivery plans with key milestones, and were also asked to seek out baseline data relating to the national objectives and targets.

3 THE DEVELOPMENT AND IMPLEMENTATION OF SHEFFIELD SURE START PLUS

Sheffield Sure Start Plus is a developing partnership involving several organisations in the statutory and voluntary sectors (see 'Map of SSS+ Partnership Board', page 10). With projected funding until March 2006, it became operational with the appointment of its Co-ordinator in February 2001 (0.5 fte), followed (four months later) by one full-time Personal Advisor and one part time Guidance Worker. Casework with young people began in December 2001. Two full time PAs have been in post since September 2002.

Currently, the programme is planning a recruitment process for the position of education, training and employment Development Worker, and a Specialist Teenage Pregnancy Midwife was recently appointed. A Guidance Worker (based at the Youth Clinic) for pregnant young people, those undergoing termination or adoption of their baby, is under negotiation. The post of Teenage Pregnancy Co-ordinator has been vacant for several months but was recently filled.

The Sheffield Sure Start Plus partnership operates a 'small grants' and 'community chest' initiative. Small grants have been issued to groups that support young mothers and fathers in activities to build self-esteem and confidence. The community chest fund offers grants of up to £1,000 for any voluntary sector organisation offering support and guidance services to pregnant teenagers and teenage parents. Work with Muslim young people received positive evaluation.

The Sheffield Sure Start Plus is steered by the **SSS+ Partnership Board**. This group comprises key providers/agencies and has a role to steer decisions on the strategy for support and guidance and allocation of funding, and act as an information exchange. Within the SSS+ Partnership Board there are also monthly referral meetings that take place with the PAs to discuss caseloads, and in some circumstances, the joint working with individual cases.

The **Management Steering Group** manages the operational work of SSS+ and addresses 'worker issues'. It includes the SSS+ Co-ordinator, Teenage Pregnancy Co-ordinator, Manager of Sheffield Futures and Connexions, Head of Hospital and Home Education and Midwives Team Leader, all of whom have operational responsibility for the work of the core Sure Start Plus workers. The group meet every six weeks and can also be called upon to make management decisions on an *ad hoc* basis if needed.

From April 2003, overall strategic and operational responsibility for SS+ rests with the **Teenage Pregnancy Partnership Board**. This comprises senior management representatives from all key voluntary and statutory sectors in health, education, social services, housing, PCTs etc. The Head of Hospital and Home Education Service, the Sure Start Plus Co-ordinator, and the Sheffield Futures and Connexions Manager are also represented on this group.

4 RESEARCH AND EVALUATION

A local programme evaluation was last carried out in July 2002 (commissioned in March of that year). This raised issues for the future delivery of services in suggesting that Sheffield Sure Start Plus needed to:

- continue to define the purpose and roles of the Partnership Board and its key stakeholders in order to make it more efficient
- continue to develop and target services for young fathers

As well as its obligation to evaluate the service generally, Sheffield Sure Start Plus also commissioned other specific research. In 2002, Hirst *et al.* investigated the experiences of teenage parents from minority ethnic communities in Sheffield, with a focus on perceptions of services and support for pregnancy and young parenthood. The resultant report, *Muslim and African Caribbean Teenagers' Insights on Pregnancy and Parenting* (MACTIPP) highlighted areas of strength but indicated that the culturally specific nature of many minority ethnic individuals' needs is a factor that Sure Start Plus and allied organisations needs to accommodate. Young fathers' sense of exclusion from services and the importance of engaging them in current Sure Start Plus provision was again emphasised.

The Hospital and Home Education Service has also recently funded an evaluation of both the Standhouse Young Parents Unit and the Creswick Street Young parents Unit, carried out by two researchers at the University of Sheffield. This is still under way.

Other research initiatives emphasise the commitment shown by Sheffield Sure Start Plus to involving young people in the Partnership. For example, young people were consulted (via focus groups and questionnaires) previous to and during the formulation of the delivery plan; funding was provided to YASY (Youth Association South Yorkshire) for young mothers to research, write and produce a video and training pack on their experiences of midwifery services in Sheffield which will be used in conjunction with midwives as a training tool; new publicity materials were designed by young parents and the directory of services and its 'filofax' format was developed in consultation with pregnant teenagers and parents.

4.1 National Evaluation of Sure Start Plus

The national evaluation of the twenty Sure Start Plus pilots is currently being undertaken by the Social Science Research Unit, Institute of Education, University of London, investigating delivery, impact and cost-benefit.

To date, detailed telephone interviews have been carried out with programme leads in each pilot area, and all Sure Start Plus advisors have been asked to complete self-completion surveys. Six case studies have also been chosen for further study (Leeds, Plymouth, East London and the City, Liverpool and St Helens, Teesside, and Walsall). A report on interim findings has recently been published.

Each Sure Start Plus pilot is also responsible for commissioning its own local evaluation. Some of the issues raised in this evaluation of the Sheffield Scheme are common to other areas. In particular, the early baseline data report submitted by Lambeth, Southwalk and Lewisham Sure Start Plus scheme emphasised the difficulties experienced in accessing and gathering the data they are required to monitor.

4.2 Sheffield SS+ Evaluation: 2002 - 2003 Evaluation Method

The evaluation included the collection and analysis of both qualitative and quantitative data. Findings illuminate progress to date on interventions and projects intended to meet the set targets and offer recommendations to inform future policy, process and practice.

The research strategy was negotiated in consultation with the Co-ordinator of Sheffield Sure Start Plus and partner organisations and involved the following elements:

4.2.1 Analysis of policy and strategy documents (e.g. national and local policy documents, mission statements, annual reports, local targets, interim measures etc). Relevant documents were obtained from searches of (hard and electronic) academic literature, national and local policy documents, and those provided by the Co-ordinator of Sheffield Sure Start Plus.

4.2.2 Mapping and evaluating the network of partner organisations; identifying and mapping key workers (included documenting accurate and up-to-date contact details).

4.2.3 Telephone and email communication with agents not represented on partnership board. Additional data were collected from sources that have contact with Sheffield Sure Start Plus but are not in the Partnership. Most of these contacts emerged through snowballing during the process of mapping partner agents and establishing key networks. Researchers involved in the evaluation of Sure Start services in Sheffield also contributed relevant insights.

4.2.4 Telephone and face to face interviews with key members of Sheffield Sure Start Plus and partner organisations/agencies (see below, 'Access pathway to service providers'). Following an analysis of key literature and documentation, a semi-structured interview guide was devised. An outline of themes to be pursued in interviews was forwarded to interviewees prior to the interview itself. In total 11 people were interviewed. Interview duration was between 40 and 120 minutes (average = 60). Efforts to secure interviews with some key professionals were unsuccessful.

Access pathway to service providers

Key stakeholders agreed the original research proposal via their position on the Sheffield Sure Start Plus Partnership Board. This was followed up by a letter from the SSS+ Co-ordinator to all those on the membership list; this

introduced the research team and sought their agreement to acting as a potential participant in interviews. A member of the research team then contacted potential interviewees* by telephone. This reiterated the research strategy and detailed the process, time requirements and answered any queries. A date and time for interview was agreed. Prior to the interview, interviewees were sent a summary of areas for questioning that would be pursued over the telephone.

*The SSS+ Co-ordinator proposed an initial cohort of individual workers that were recommended for interview on the basis of their active participation in the work of the Sheffield Sure Start Plus Partnership provision.

4.2.5. Interviews with young people. In-depth face-to-face interviews with nine young people using an access pathway developed in consultation with Sheffield Sure Start Plus (see access pathway below). Of the young people interviewed, the extent of experience of SSS+ varied. Interview duration was between thirty and sixty minutes. An interview guide was devised. This included questions directly related to SS+ targets and measures, and Sheffield's own mission statement, but also covered more in-depth questions on feelings about 'being' a parent, strategies of support, and the place of Sheffield Sure Start Plus within this. As a way of gaining insight into the levels of importance of different modes of support, participants were asked to rank who had been most supportive or helpful to them in their pregnancy and during their parenting. The options given (on cards) were:

- Partner / boyfriend
- Parent (s)
- Sheffield Sure Start Plus
- Other family members
- Midwife
- Health visitor
- Teachers
- Friends
- Other

Interviewees were then asked to explain the rank order; this provided in-depth data on sources of formal and informal support.

Interviews took place at locations preferred by participants (in their home, Work with Girls Unit at Sheffield Futures and Connexions, and Sheffield Hallam University premises). Travel expenses and a fifteen-pound gift voucher were provided to those who participated in an interview.

Access pathway to young parents

Letters were written by the evaluation team to request young people's involvement in the research, and offering an incentive for participation in an interview. These were addressed and posted by the PAs (in order to maintain young people's privacy) to regular attendees of the Sure Start Plus drop-in with a return slip to be sent back to the evaluation team giving permission for them to be contacted directly. This resulted in a low number of returns and

three subsequent interview completions. The search for participants was widened via the PAs mailing letters to all those young people on their database (around sixty). This resulted in more contact returns. Return slips were then followed up by a call from a member of the evaluation team to arrange a time and place of their choice for the interview to take place. Five of those returning slips did then not arrange an interview or repeatedly did not attend the appointment.

4.2.6 MACTIPP data. Relevant qualitative data from this previous research project on Sheffield Sure Start Plus (see Hirst, 2003) included.

4.2.7 Collection and analysis of local baseline data. Inclusion of data (where available) were collected that related to targets specified in the national objectives for Sure Start Plus (see further details below). National databases were also analysed.

In total, seventeen individuals were approached to provide statistics and/or information and advice as part of the baseline data collection phase of the evaluation. This process involved contacts known to the SSS+ Co-ordinator, plus others the evaluation team identified through previous work and snowballing methods.

Problems in collecting data were encountered and are detailed in the findings.

4.2.8 Data from networking and liaison with National SS+ evaluation team. The local evaluation team liased with the national team and attended meetings of those involved in other SS+ evaluations.

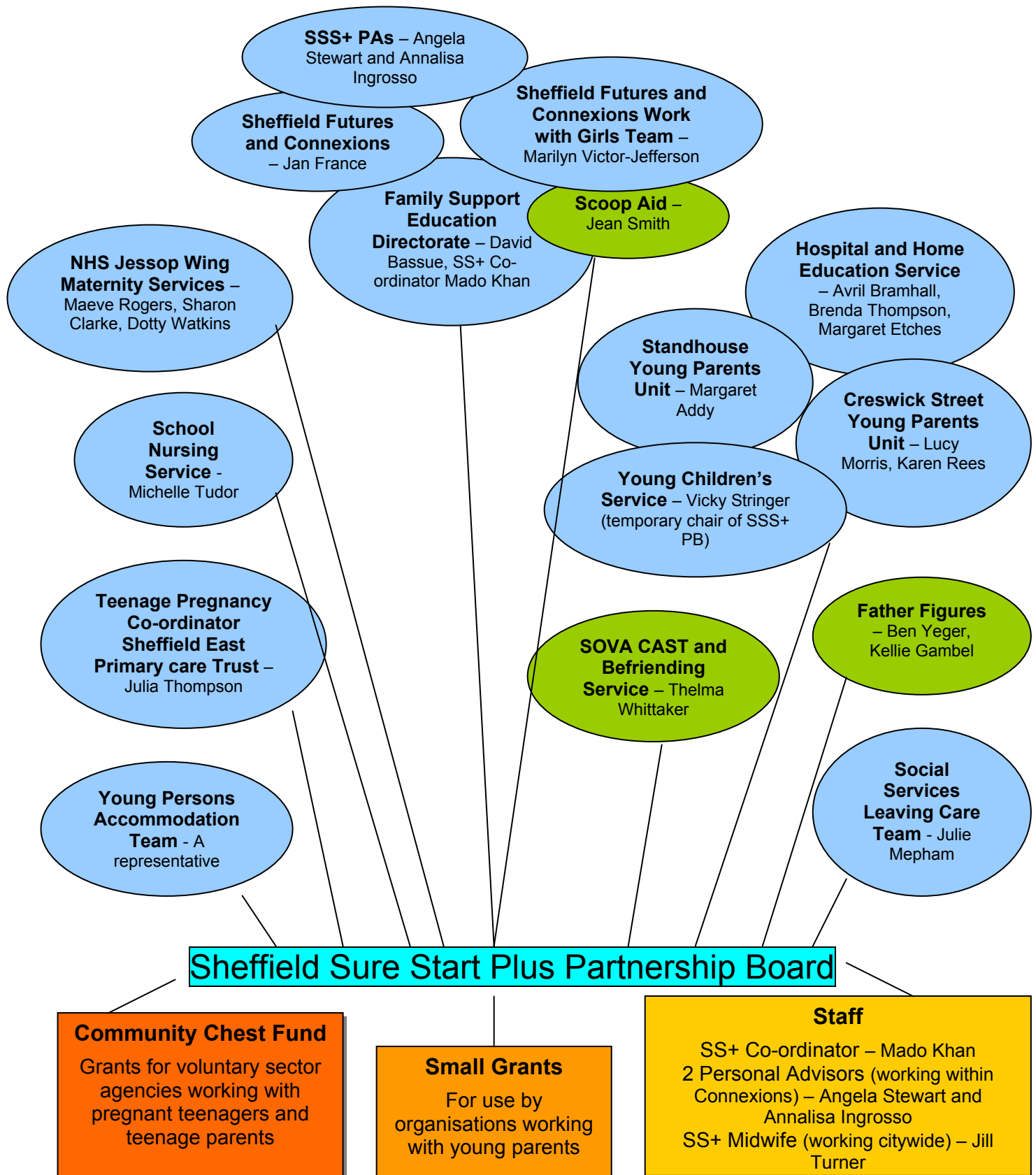
4.2.9 Evaluation of total data set and methodologies

The total data set and methodologies for monitoring and recording data were analysed and recommendations made for sustaining and developing Sheffield Sure Start Plus.

All interview data have been analysed on the basis of dominant themes. Findings have been summarised and points supported by extracts from the data. All the young people interviewed have been anonymised by removing names and any other identifying features. The names of all professionals interviewed have been removed.

FINDINGS

Map of Sheffield Sure Start Plus Partnership Board 2003



N.B. Partner organisations: blue = statutory sector, green = voluntary sector; overlapping organisations denotes close working

5 MAPPING AND EVALUATING SHEFFIELD SURE START PLUS PARTNERSHIP AND NETWORKS

In the absence of any existing comprehensive documentation on key partners and the liaison pathways, mapping the Sure Start Plus Partnership and networks was an extensive and difficult process. The final map (see above) was derived via information obtained from analysis of policy and strategy documents, the Co-ordinator of Sheffield Sure Start Plus, and data from interviews with key personnel and young people. Before detailing findings, the following recommendations are suggested as a means to improve the accuracy of information and avoid mapping problems in the future.

The map:

- should be checked for representativeness and accuracy and updated on a regular basis;
- be utilised as a starting point to identify gaps, weaknesses and overlaps in provision and clarify roles and responsibilities and liaison pathways;
- be used in the induction process for new staff;
- be incorporated in Sheffield Sure Start Plus publicity and information exchange pathways;
- be compared to those of other pilot schemes to establish models of good practice.

5.1 Liaison and Networking

The staff and partner interviews highlighted a variety of opinion on the strength of joint or inter agency working within the Sure Start Plus partnership in Sheffield. The majority said that there appeared to be 'good' inter agency working, but it is notable that this view represented those who had had less direct contact with day to day Sure Start Plus activity, hence they were unable to conclude whether inter agency working was fully effective. One interviewee, in contrast, suggested that the only partnership working existed within the board meetings. It is interesting to note that many participants appeared to define agency working as making referrals, rather than any concrete collaborative work or detailed caseload communication. However, a majority of partnership members said that linkages were now improving and the work necessary to engage with different partners should not be underestimated. The SSS+ Co-ordinator commented that attendance at the Partnership Board has improved dramatically since its inaugural meeting 18 months previously.

Partnership Board membership has changed over time. The SSS+ Co-ordinator reported that Social Services Family Support was involved in the original delivery plan but with changes in staff it has been difficult to engage them since. The SSS+ Co-ordinator is hopeful that imminent changes will result in their representation. 'Homestart' was involved initially but was not being accessed by teen parents. This agency remains on the mailing list and can SSS+ can make referrals to them. Strategies for sustaining the active engagement of all significant partners merit review.

As might be expected, the SSS+ Co-ordinator appeared to have most knowledge and contact with the National Sure Start Plus Unit and other Sure Start Plus areas. Other staff interviewed were largely unfamiliar with guidance from the National Sure Start Plus Unit and, apart from the PAs, had little or no knowledge of Sure Start Plus schemes in other areas. If considered beneficial, strategies for better sharing of information and learning among partners should be in place.

The evaluator's observation of a Sure Start Plus partnership meeting also shed light on the levels of close agency working. It is fair to say that there was a lack of understanding amongst different partnership members about their collective and individual responsibilities, and the board's overriding purpose. It transpired that not all those present at the meeting knew each other, and a mapping exercise was requested by one attendee as she was not clear '*who was who*', and '*who did what*' within local provision, or the Partnership Board. The Chair instructed each member to work out '*who they were and why they were there by the next meeting*'. The SSS+ Co-ordinator subsequently requested and was provided with the map devised by the evaluation team to inform the next SSS+ Partnership Board meeting. It is likely that the inconsistency of attendance at the meeting does not help the clarity of the board's purpose. More detailed minutes from meetings (and other relevant documents) and review of who should receive these might improve efficiency.

5.2 SS+ Identity and Information/Publicity

The volume of referrals and continuing increase in SSS+ casework are testament to the success of SS+ publicity and in no small part to establishing good mechanisms for referral between services. Notwithstanding those for whom the service is not well developed (as mentioned above), publicity has been successful in signalling the service to young mothers.

Some young mothers commented that more publicity was required in schools and GP surgeries. While posters and leaflets have been disseminated to all schools, surgeries and other relevant agencies, SS+ has little control over whether these are displayed. This highlights the need for active joint working and repeat requests to promote the service. However, enhanced publicity is intended to enhance referral rates and the SSS+ Co-ordinator emphasised the tension that required resolution – is it appropriate to increase publicity if the service is unable to meet the demand given the currently stretched capacity?

It was apparent from the young people interviewed that there was a high level of confusion about quite who, or what, Sure Start Plus was, and how they had first got in touch with them. One young woman, who had only had one visit from a PA and was not in receipt of on-going support, also suggested that written information was not sufficient in itself to encourage contact with SSS+ and other services:

'Why would I ring them up if I don't know them or who they are or what they're doing?'

For those who did not receive direct support from SSS+ PAs, but were on the SS+ mailing list, this appeared to be a shortcoming of the PA provision and their ability to access all the women in need of support. It is important to note that for some women this gap in support from the SSS+ PAs was filled by other agencies, such as the Hospital and Home Education Service's Learning Mentors – who pre-existed SS+ PAs and services provided by Sure Start. This emphasises the importance and requirement of continued close communication and joint working between these agencies.

5.3 Agencies Most Significant to Young People

Data from interviews with young people suggests that some agencies in the SSS+ Partnership are more significant to supporting them than others. These are the PAs and Hospital and Home Education Service's Learning Mentors. Health Visitors, Community Midwives and a NSPCC support worker were also cited by other interviewees, as crucial sources of support.

Rather than there being a clear pattern of a preferred choice of support, with all choices apparent to clients, it seems that the important issue for young people is just to have 'someone' they can trust to provide ongoing one-to-one, emotional and practical support, irrespective of the agency they represent. This highlights the need for a clear, consistent and easily accessible system of support for young people, and clarity regarding access to other agencies.

The role and responsibilities of partner agencies that appear less significant to young people or those who young people have little or no knowledge of (e.g. Connexions) requires clarity.

In summary, it would appear that if there was more clarity among SS+ partnership members this might then lead to more truly collaborative and joint working, and ultimately result in clearer processes of communication and support on offer to young people living in Sheffield.

Our data are, of course, inconclusive and more data are required on the role of other agencies not mentioned by interviewees.

5.4 Role of Parents/Partners/Extended Family

A majority of young parents interviewed identified their partners, parents and extended family as very significant to their practical and emotional support. The Partnership regards young people's involvement as a paramount to its success (Annual Report 2001-2) and has consulted young people on various initiatives. One of the roles of the PA is to assess not only the needs of the young mother, but also her partner and both their families. However, young people, their partners, parents and extended family are conspicuously absent from the partnership map. It would be inauthentic to include them in the map without any firm evidence that they are accorded the status and recognition of role as designated to the service-provider partners already included.

It is recommended that the status and role of young people and their families be more explicitly acknowledged in Sure Start Plus policy and practice, with consideration of strategic mechanisms to involve young people in formal

(executive level) decision making. As a starting point, the Partnership Board could include a young mothers', a young fathers' and a young parents' family representative. Strategic and funded measures will need to be in place to avoid tokenistic representation (on paper only), ensure valid involvement and sustained participation. These might include proactive and on-going support, such as pre- and post-meeting briefing sessions and payment for time and expenses.

5.5 Key Contacts List

The contacts made during the process of fieldwork have been listed (see Appendix 3) and is accurate to date. Any changes in personnel, role and contact details are documented.

The list is included in this document as a means to update the Sheffield Sure Plus Directory (with the requirement for Sheffield Sure Start Plus to exercise the necessary discretion regarding who should be included) and to minimise the time required to establish key contact details in subsequent evaluations.

It is recommended that the contacts list:

- should be checked for accuracy and updated on a regular basis; a named individual should be identified (and publicised) as the central contact for changes in personnel, role, and contact details;
- be forwarded to all relevant personnel;
- be provided in the induction process for new staff.

6 BASELINE DATA

6.1 Introduction

It has not been possible to produce a useful analysis of baseline statistics because the raw data set was not available to the evaluation team. Data have either not been collected by practitioners, had been collected but were inaccessible to the evaluation team or inadequate once provided. Baseline data from the previous year (2001-2) could not be located. Hence, no meaningful conclusions can be drawn on whether SSS+ is achieving its objectives using the designated quantitative measures. Numerous explanations and problems (see below) were encountered though it must be acknowledged that these are not unique to the Sheffield area with other pilot schemes (Lambeth, Southwark and Lewisham) citing similar difficulties. The SSS+ Co-ordinator is pursuing channels for accessing this year's (2002-3) baseline data. No formal strategy or methodology exists for the collection, recording and monitoring of baseline data. Recommendations have been made that attempt to rectify some of the problems identified.

Aside from the problems of access and collection of baseline data and reliability once collected, it is important to acknowledge that debate continues regarding how useful the measures are in the first place. For example, measuring whether PAs give advice on breastfeeding or smoking does not inform on the quality or depth of advice or effectiveness of referral mechanisms to other specialist agencies. Given the sensitive nature of these issues, advice giving would be necessarily time consuming and there is the danger it might be seen as prescriptive, which could be detrimental to the client-practitioner relationship. Further debate and feedback to the national body on quantitative measures and targets is recommended.

6.2 Analysis of Baseline Data Collected

Tables 1- 4 below show data extracted from national databases (Census and Office for National Statistics figures) and the Sheffield Sure Start Plus Personal Advisor caseload records. **Table 5** illustrates the data that were requested from other sources though much of this is incomplete. Aside from the national data sets, identification of local trends is impossible because no comparative data from previous years were available. This was, to a degree, expected since Sure Start Plus has only been operational in its data collection for 18 months (from December 2001).

Table 1. Census 2001 data for conceptions in Sheffield

Years data collected	No. conceptions under 18	% leading to abortion	Rate per 1,000 women (all ages) aged 15-17
1996-98	1,388	37	54.3
1999-2001	1,322	43	51.3

Table 1 (above) shows a higher rate for conceptions to under eighteen year olds in Sheffield than for other districts in South Yorkshire (Barnsley, Rotherham and Doncaster). It also demonstrates a reduction in the rates of pregnancy for those under eighteen and those within the 15-17 age bracket

from the years 1996-1998 to 1999-2001. The figures also indicate a rise in the percentage of pregnancies leading to abortions between these two year brackets (by 6%). This will have resulted in lower overall birth rates for those under eighteen in Sheffield.

Table 2. ONS yearly data for conceptions (rebased Census 2001 info) in Sheffield

Years data collected	No. conceptions under 18	% leading to abortion	Rate per 1,000 women (all ages) aged 15-17
1998	431	41.5	51.8
1999	450	43.2	54.1
2000	424	40.3	49.4
2001	448	45.8	51.9

Table 2 has a more detailed yearly breakdown of conception rates. Analysis of this presents an interesting picture, with unsteady year-on-year statistics. The conception rate to under eighteens increased in the period 1998 to 1999; decreased in the period 1999-2000, then rose again in 2000-2001. Similarly, abortion rates varied, increasing in the period 1998-1999, falling in 1999-2000, and rising again in 2000-2001. Higher conception rates seem to correspond with higher abortion rates in the same year.

Table 3. Number of teenage mothers receiving support, by issue (SS+ caseloaded Dec 01 - March 03 only)

Type of support	Numbers receiving support	Numbers not receiving support
From family/friends	85	7
Accessing health care via GPS	83	1
Benefits or income	67	23
Child care	30	13
Housing	68	18
Parenting skills	65	7
Substance misuse	0	7
Postnatal depression	2	6
Mental health issues	3	3
Physical disability	1	4
Learning difficulty	3	4
Special needs	2	4

The information in **Table 3** is based on a small number of cases therefore it should be stressed that any analysis of this data must be treated with caution. It is evident that the support of family and friends is instrumental to many young people, with only seven of those in contact with Sure Start Plus PAs saying that they do not receive this support. There were similarly high figures for those accessing health care via their GPs. This indicates the need for Sure Start Plus publicity and communication with Doctor's surgeries in Sheffield.

There were smaller numbers for those young people accessing benefits, childcare or housing support, highlighting that these may be areas for more work within Sure Start Plus - either to address a lack of awareness among

young people, or to address a lack of understanding on the part of professionals working in these areas. In contrast, numbers accessing parenting skills support were higher which would seem to identify this as an area of success within Sure Start Plus or mainstream health service provision in Sheffield.

No individuals accessing the SSS+ PAs were receiving support for substance misuse, indicating that this is not a major problem or alternatively, that it is not an issue that young parents are likely to raise with Sure Start Plus. There were small numbers of individuals receiving support for mental health issues, postnatal depression, a physical disability, learning difficulties, or special needs, which suggests that these are areas that require support, and provision should continue for these young people.

Table 4. Number of teenage mothers attending education, training or employment (SS+ caseloaded Dec 01 - March 03 only)

	Education	Training	Employment
TOTAL	18 (base 88)	31 (base 79)	4 (base 25)

Table 4 clearly shows that small numbers of young parents are engaged with education, training, or employment among those who have contact with SS+ PAs. However, again this data is derived from only small numbers and little information is known about the exact process for collecting this information.

Table 5. Other information sought

Data required	Source(s)	Data
Numbers of pregnant teenagers attending Central Health Clinic March 2000 to February 2001 (from referrals from family planning and youth clinics)	Central Health Clinic	16 and under: 57 out of 63 referred 17-19: 95 out of 112 referred (Total: 152 out of 175) Of the 152: 125 were under 12 weeks pregnant, 18 were over 12 weeks pregnant, 7 had had miscarriages, and 2 had continued with their pregnancies previously
Number of pregnant teenagers given contraceptive advice	As above	Information unavailable
Number of pregnant teenage mothers who smoke (A)	SSS+ PAs' caseload data (Dec 01 - March 03)	54 (base 88)
Number of pregnant teenage mothers who smoke (B)	Health Informatics Service (Protos System) 2001	At booking: 817 smoked, 2691 did not, 1985 unknown At birth: 967 smoked, 4182 did not, 344 unknown
Number of teenage mothers assessed and found in need of treatment for post natal depression	Health Informatics Service (Protos System) 2001	Information unavailable
Number of teenage mothers who breastfed	SSS+ PAs' caseload data (Dec 01 - March 03)	15 (base 38)
Proportion of low birth weight babies born to teenage mothers	Health Informatics Service (Protos System) 2001	Information unavailable
Number of repeat unplanned conceptions in under 18 girls	Health Informatics Service (Protos System) 2001	Information unavailable
Number of teenage parents attending parenting classes	Health Informatics Service (Protos System) 2001	Information unavailable

The information contained in **Table 5** shows that high numbers of people attend the Central Health Clinic, with slightly higher percentages for those aged under sixteen. The biggest group by far attend before their twelfth week of pregnancy. Regarding smoking, the PAs' recorded data appears to indicate that a high number of teenage mothers smoke during pregnancy (over 50% of those in contact with SS+ in Sheffield). However, the statistics contained within PROTOS data shows a far lower percentage, with an even lower percentage by the time the same individuals reach labour. These figures have been criticised by smoking cessation workers for being very unreliable (see below). The PAs' recorded information on the numbers of young mothers breastfeeding is also relatively low (less than 50%). There is a need to collect more reliable and in-depth data in this field in order to study such information

in more depth and be able to compare it with national data across all age groups.

Data from clinical settings other than the Youth Clinic were not available for reasons outlined below.

The Smoking Cessation Service released data collected through their monitoring systems but the manager of the service is unconvinced that the figures are accurate or representative and their validity is inconsistent with data on national prevalence rates. Reasons cited include lack of routine and rigorous data collection, respondents giving 'untrue' information, and lack of appropriate mechanisms to support respondents in supplying authentic information about smoking habits.

Furthermore, it was explained that information collected as part of the PROTOS database includes all those using Sheffield services but who may not be resident in Sheffield at the time of birth (e.g. are temporary residents or live on outskirts of Sheffield Health Authority District). Strategies for distinguishing the 'true' Sheffield figures require clarity in order to have some reliable sense of the size of the client base for planning and budgeting purposes.

With the exception of the young people in contact with the Sure Start Plus Personal Advisors, data from **community settings** on post-natal depression, repeat unplanned conceptions, attendance at parenting classes and smoking after pregnancy were not available. Community practitioners called for discussion of improved mechanisms for the collection of routine data and clarity regarding the responsibility for collecting data during the post natal 4 week period when either community midwives or health visitors might be involved in the care and support of young people.

6.3 Problems encountered in collection of baseline data

It is emphasised that all agencies/individuals were co-operative and generous in giving their time to us and many aired their frustrations at being unable to provide the data requested.

6.3.1 Establishing the key informants for sources of data was time consuming and involved a circuitous pathway that hindered the process.

6.3.2 What, when and how? Among some service providers, we encountered a lack of knowledge of the Sheffield SS+ targets and measures, clarity regarding the type of data required, when it should be collected and the mechanism for achieving this. Though the measures and targets are stipulated (see introduction) evidence from interviews, national Sure Start Plus meetings and other networks suggests a perception that not all targets were required to be measured. Together with lack of deadlines, inability to access data gathered from previous years and no clear agreements on lines of responsibility for data collection, this rendered a data set with many omissions.

6.3.3 Lack of service agreements. Data collected in clinical settings are held by the NHS *Health Informatics Service* and the *PROTOS* system. We were unable to access this as a service agreement had not been negotiated by Sheffield Sure Start Plus. Issues of ownership of data, confidentiality and data protection, and cost of collating the data remain unresolved (the SSS+ Co-ordinator continues to try and rectify this). Data that had been released in the past had been on an *ad hoc* basis and without formal approval.

Service agreements would usefully have been formalised at the outset of the Sure Start Plus initiative, either through local agreements or centralised negotiations by the national Sure Start Plus body with local providers.

6.3.4 No centralised data collection system. A central point (with designated administration) to which all data are forwarded would clarify the process and facilitate the easy dissemination of the total data set for the annual evaluation.

7 INTERVIEWS WITH YOUNG PARENTS

7.1 Introduction

In total nine young people were interviewed face to face by the evaluation team: eight mothers and one father (the partner of one of the mothers). The age range was 15-17 years, with the largest number being sixteen years of age. Seven of the nine individuals were in relationships with their partner / co-parent. Of the nine, two were attending school or college on a full-time basis, and two had recently completed short courses specifically designed for young parents and/or those disengaged from mainstream education. The remaining five were not involved in any form of education and/or employment, and were full-time parents. All but two of the group were white and two were mixed heritage.

Themes

The findings of these interviews have been analysed and reported by theme, below. Whilst some commentary has been provided, effort has been made to illustrate issues using the young people's own words wherever possible. Given the small sample size, caution is necessary in drawing any generalisations from these data.

7.2 Partner, Family and Friends' Support

There was a wide variety of opinion on the most helpful support each young parent had received, though there was a general consensus that partners had been very supportive (seven of the nine young people interviewed were still involved with the other parent of their child). In the interviews, partners were ranked as the *most* important source of support by the majority of participants (five out of the nine participants). Even when the couple did not live together, partners coming to help and spend time with the child and mother were viewed as very important by interviewees, with more hoping to live together in the future if they were not already doing so.

'He just does everything. I can't get near her [baby] when he's around'

'He's been there all through pregnancy, does everything for him'

Generally, family members were also seen as a key form of support, though three women did not find this to be the case. Many parents or grandparents helped with childcare in order to allow parents free time to themselves and/or time to return to education. There were also instances of extended members of families visiting new parents to help with household chores. Whilst the first two comments provide evidence for the levels of support often provided by parents of young parents, the third highlights how this relationship can also sometimes be difficult.

'My mum has the baby so me and K (partner and father of child) can go out and have a laugh. Just on our own like. She's started working part time, given up some hours so she can have him more... I'd go mad without them, my mum, and his Mum and Dad'

'My mum gives me loads of support but because she is emotionally involved sometimes she can get a bit too involved'

'Can't talk to my mum about problems, talk to me dad a bit'

Though this was not the case for everyone, more individuals said friends had been *unsupportive* than those who had found their friends to be supportive.

'Soon as I got pregnant they just left me, never saw them, didn't give me any support'

This highlights the issue of young parents' potential for isolation in wider society, not only from mainstream health and/or education services, but also from former friends.

7.3 Young People's Involvement in Sure Start Plus Partnership Decision Making

No interviewees were clear how Sure Start Plus operates or how decisions are made:

'No idea how it runs and I've not been asked for my opinion'.

7.4 Sure Start Plus' Identity and Referral Process

Little comment on the referral system was made by young people in their interviews but it was clear that some of the young people were unsure or confused about what Sure Start Plus was and who / how they had first got in touch with them. Examples include, *'saw an advert on the bus'*, *'someone at hospital referred me I think'*, *'might have been my learning mentor that referred me'*, and *'don't know'*.

One young woman commented that more publicity to raise awareness is required so that young people and key professionals not directly involved with SS+ (e.g. teachers, GPs) know how to contact SSS+. Posters and leaflets in schools and GP surgeries were suggested. As mentioned above, SS+ publicity is widely disseminated but there is little control over whether it is displayed. It is worth considering whether all groups are effectively targeted. One father commented,

'I've never heard of em'; 'They aint done nowt for me. Do they know I exist?'

7.5 Relationship Between Agencies

The relationship between SS+ and other forms of support was unclear to interviewees. Even those with close involvement with different agencies (e.g. a learning mentor and a PA) were unsure of the connections. One mother said she was *'shocked'* to find learning mentors might know the PAs.

7.6 Involvement with PAs

A clear distinction exists, among those interviewed, between those receiving regular, on-going, quality, support, from either of the PAs, and those who were not. Those receiving on-going support said they would recommend the PAs to friends and were highly complimentary about the quality of practical and emotional support. It is individually negotiated, and involves a range of guidance on relationship and family problems, baby care, housing, benefits, sorting out domestic needs, and presence during labour etc. PAs also apply to other agencies/charities for grants on young people's behalf.

'.. they're available at any time'

'.. my PA calmed me down when me and me mum were fighting.. they give you just enough room to do stuff you can do yourself and if you need them you can just ring them up'

'if you can't talk to your mum or your family it is just as good to come in and talk to them because they are like your family, ... you feel relaxed and you can talk about anything and you know that no one will judge you'

'I could just come to Sure Start and sit and talk to my PA and everything would be fine and she is not going to get emotionally involved whereas your mum would'

'They do everything. If I have a problem, she (PA) sorts it out, whatever it is ... helped us get a house, benefits, just any time ...she helped me with my curtains.. if I'm upset she'll come and talk to me ... she was there at my labour as well .. got me my cot and high chair'

'[PA] is like a mum to me'

'I don't think there is owt bad about SSS+'

Those who did not receive support from SSS+ but were on the mailing list identified some gaps in provision, particular relating to the need for more proactive follow up after the initial contact:

'All I wanted was a phone call to ask how I was, how you getting on, someone to talk to, or come to see me. I feel left out in a way'

Another said that she had *'all that was needed at the time of the visit'* but subsequently needed support and guidance but did not feel confident to request it from SSS+:

'I just didn't know them well enough. Even a phone call from them [PAs] would have been something'

'I wanted some advice on benefits and baby equipment but they don't offer it. You have to chase them up. There's no like, follow up. Coz I

had support and a house they've not bothered with me but I was tearing my hair out... They don't give you support, just contact numbers... they gave me a list of people I could ring but I don't know no one on that list'

This interviewee was aware that staff illness may have been a factor in her experience. Another mum had one visit from a PA and received information on benefits and diet, but subsequent work was 'cancelled' due to staff illness:

'I don't want to put them down at Sure Start Plus cos I'm sure it's lovely but there's not enough staff, like, to see everyone and cover sickness'

Both these interviewees said they tired of trying to contact SSS+ because they did not manage to speak with anyone in person:

'.. it shouldn't be up to us to keep on ringing and getting the answer-phone or they shouldn't just be for emergencies'

These quotes suggest a lack of contingency measures to cover staff absence and office support to take phone calls and perhaps the stretched capacity of PAs to meet demand. The perception of SSS+ as a resource for emergencies is also worthy of further enquiry.

7.7 The Support Group (aka 'drop-in') was particularly valued by those who currently attend. Young mums enjoy talking to other mums and stress that it is important that the group is for young mothers only. The commonality of experience alleviates anxiety that they might be judged and there is reciprocal learning and support:

'You just realise you aren't the only one in that situation'

'Before I started coming here I never used to go out, I never used to go out with friends or go to town, I would just go to the local shops and that was all. But once I started coming here I could do anything and it didn't matter about anyone else. And at the end of the day as well its helped her cos she goes to nursery and has met lots of other kids'.

The support group had also been instrumental in reducing social isolation and improving confidence and sense of self:

'I was basically scared of what people would say about me. But since I've been coming here I've got no choice but to come out of the house to come here and meet people. When I came here I met a girl that used to live next door to me and because I wasn't going out I didn't even know about her until I came here. Coming here has brought me out of myself and I do more things and I am not afraid to go to town on my own any more. I used to just go out to the local shops if I had to but since coming here I feel I can do anything I want and my mum says I am a totally different person since I came here.'

The activities planned by the PAs are welcomed, both as social events and for the support and guidance offered. Baby massage sessions were particularly valued.

More space for confidential discussion with a PA was requested, as this is difficult when *'others are there you can't talk'*.

7.8 Support for Young Fathers

Some women felt a group for fathers should be offered but not at the expense of the single sex group. Two commented that their partners found the **Father Figures Project** very helpful and supportive. One mum felt that she might not get as much out of the existing SSS+ support group if her partner was present and another (who was estranged from the child's father) said it would make her *'sad'* if all the other mothers had partners and she did not. Young mums (like some professionals interviewed) suggested that men may not be willing to attend a support group because of a peer culture that does not promote it:

'I think cos they have got this macho thing, even though some men do show their feelings, if there around friends its not hip to show their feelings and coming here is showing your feelings and you're talking to people about your life and everything and some boys aren't really into things like that'

This echoes findings from the MACTIPP report. Others commented that the name 'support group' could also deter fathers.

A mum who had not attended the support group but heard about it via a letter asserted she would not attend because she did not know anyone there. This individual had no relationship with the PAs and perhaps signals that attendance at the support group is better facilitated through direct contact and prior relationship building with the PAs. The Sheffield SS+ directory (filofax) was considered useful by most interviewees, particularly for signalling key telephone numbers for specific services (such as housing). However, in relation to the former point, one interviewee did not find it useful and would have liked someone to take her through it and provide some background information on the services.

7.9 Hospital and Home Education Service

Learning Mentors from the Hospital and Home Education Service were regarded as highly important in providing individually negotiated practical and emotional support through pregnancy, birth and early parenting. One interviewee spoke of her Mentor's help and organisation of alternative study, support during her pregnancy associated illness and travel assistance (in Mentor's car) to enable her to attend Creswick Street (*'to meet other mums'*) and college:

'She [learning mentor] picks me up at home and takes me to college and then picks me and takes me home. It means I can leave at 7.30 instead of 8.30 [am] and get home for three [pm] to see to my daughter'.

7.10 Connexions

A majority of interviewees (all but one) did not know what this service was or of its relationship to SS+. None mentioned Connexions in their ranking of support. One person had completed a Connexions course.

7.11 Young parents mentors course

This course at the 'Park Hill Centre' was highly valued as an alternative to mainstream provision and the crèche and individual support provided were considered important to enabling completion:

'... If I would have gone to college I would have had to of found my own childcare, drop her [daughter] off and pick her up and everything and so if I would have gone to college and done it I wouldn't have stuck it out. But since I've been here it's more relaxed so I've stuck it out and I get all the things I that I need. Here if you've got problems they help you with them and everything they look at you as an individual and they say you need that and you need this and they give each one what they need'.

Regarding skills development and consciousness raising, mentor training was seen as significant:

'.. what we are getting now, we will help other teenage parents get too'.

7.12 Non SS+ support provision

Regarding schools, no interviewees ranked their teachers as supportive once the pregnancy had been disclosed:

'Didn't want to know me once I got pregnant'

One individual valued the support provided by her learning mentor at school:

'[my learning mentor] was so helpful'

It should be noted that only two participants were currently attending school or college.

Turning to look at health care provision, opinion was divided on health visitors and midwives, though was, on the whole, more positive than negative, with most regarded as credible sources of support, information, advice and, *'kindness. She gave me more than that just for the pregnancy and the baby'*

'She's a midwife, she knows what she's talking about and it's on an adult level... about my pregnancy and baby but about owt'

'I use her [health visitor] office to get me out of house'

'My midwife was really, really good, really helpful. She gave me loads of information and put me in touch with Sure Start Plus'

In echoing the findings from the MACTIPP report, some young people raised the issue of stigma associated with teen pregnancy and older people's judgmental and/or discriminatory attitudes. In particular, experiences of labour and giving birth in hospital were tarnished by the attitudes of older professionals:

'[midwife said] you're not disabled, you can walk... [she was like that] coz I'm young and they think it's wrong to have a baby at that age'

7.13 Other needs

- more Sure Start Plus provision in other locations around the city
- a greater number of support groups / drop-ins that run more frequently
- provision for fathers and possibly additional mixed sessions
- clear publicity on reimbursement of travel expenses
- follow-up support after the initial first contact, at minimum by telephone and at best, follow up visits
- clarity on the relationship between agencies/workers
- develop and maintain mechanisms through which young people's voices can be represented within decision making processes e.g. to have a place reserved on the partnership board for a young person's representative and to provide adequate training and support to sustain the involvement of that member.

8 INTERVIEWS WITH SERVICE PROVIDERS

8.1 Introduction

In total 11 staff and stakeholders related to Sure Start Plus in Sheffield were interviewed, the majority of which took place over the telephone. This phase of the research involved a variety of professionals working in the sexual health and youth work field, including the Sure Start Plus Co-ordinator and the two Sure Start Plus PAs. The partners and staff members interviewed were from a variety of backgrounds, focusing on both preventative and supportive work with teenage parents. Several of those interviewed had management roles.

The results from these interviews have been presented thematically. Again, emphasis has been placed on using individual's own words.

Themes

8.2. Inter-agency working

Most partnership members felt that linkages between partners were improving. Those with least direct working with SSS+ and clients were more convinced of the efficiency of inter-agency working than some that had more routine involvement. One interviewee suggesting that the only partnership working existed within the board meetings, but others recognised change and potential:

'[we are] breaking down those barriers'

'.. seems to be close working... potential for sound links'

It is notable that some participants appeared to define agency working as making referrals, rather than any collaborative work or detailed communication. The referral meetings involving the SSS+ PAs and members of the Home and Hospital Education Service team were used as an example of successful joint working. Weaknesses in the referral system were also raised, however:

'I am concerned that there are a lot of girls I don't hear of out there and I wonder who does'

'it's a bit muddled... not sure we've got it right.. all having to go through Sure Start Plus is delaying provision and efficiency.. it's not superb'

It is worth noting that some partnership board members emphasised the importance of attendance at board meeting to facilitate the best linking between SSS+ and other agencies, thus for example, expressing concern at the effectiveness of links between SSS+ and housing support as there is not currently a designated housing representative on the board. Yet, the SSS+ PAs said that this was their most successful linking relationship and the SSS+ Co-ordinator cited recent negotiations intended to simplify the process for young people. This would appear to raise an issue about the lack of clear

understanding between those involved in SSS+ via the partnership meetings and those actually working for SSS+ on the ground.

8.3 Partnership Board

Some of those closely engaged with the partnership board were not fully convinced of its effectiveness. Explanations include:

- **Poor attendance**

The SSS+ Co-ordinator cited improved attendance at the partnership board as a sign of success. Others said the routine non-attendance of some partners is problematic:

'It doesn't work very well because people don't come'

'I don't think it works very well. It is too disjointed and a lot of people who were there at the beginning who just don't come anymore and then there are people who come just when they feel like it'

- **Number of partners**

'They need to function a bit better and they need to be smaller as there are too many people there'

- **Diverse, unclear or over-full agendas**

'...they have different agendas and it is like fighting your own little corner. The things that [PAs and midwife] think are important... what they are doing or developing don't get discussed at the steering group... It is all about how money can be spent'

However, PAs commented that some issues and tensions are being resolved through supervision and feedback to the Management Steering Group.

- **Clarity of purpose, decision making power and responsibilities**

'..it was thought that the steering group (Partnership Board) were making decisions that they didn't really have the right to make - people who only come once a year or just turn up because they want to see what SS+ does, were taking part in making decisions which they really didn't have a right to be doing. So they moved out the management decisions to a smaller group'

'PAs are unclear as to whether the development of links between SS+ and other services is part of their role and responsibility or the SS+ Co-ordinator'

- **Lack of steering, future direction and development**

'Ideally the Partnership Board should be steering Sure Start Plus somewhere because at the moment I don't think they do. I think we do what we have to do and the Co-ordinator tries her best but I don't think we are going anywhere, we have got to this stage where we are now and it seems to have stopped'

'The job description includes the development of things but there's no time to do. I think it is sticking too much to the original plan. You have to evolve as you learn things... Things have been brought up with the line manager who has taken it on board but it is also up to the Co-ordinator to also take it on board and come up with a solution. But things that are important don't get discussed'

- **Need for regular review of achievements and goal setting**

'A good meeting is where we looked at a plan, and identified what had been achieved and what needed to be achieved and I think this should happen regularly'

In general, clarity is needed regarding the roles and responsibilities of workers, Co-ordinator and stakeholders especially in terms of taking a lead to produce a strategic plan to drive forward the development of the service. The move to strategic and operational management under the auspices of the Teenage Pregnancy Partnership Board provides a timely opportunity to review the terms of reference and working of the SSS+ Partnership Board. The issues raised above do not, in themselves, offer concrete evidence of whether the partnership is effective or not but are worthy of fuller inquiry if all partners are to feel confident that the SSS+ Partnership Board is performing in accordance with its remit.

8.4 Client provision

Turning to look at client provision, again opinion was mixed. Some individuals felt that there was a concerted effort to improve the support on offer to young fathers, for example, whilst others still identified this as a gap in provision. These differences of opinion seemed to rest on individual beliefs about how much young fathers themselves want to be involved / supported. Those that said support was in place tended to suggest it was not being taken up:

'Fathers - they're either not interested, not involved or not there when you visit to do the assessment'

Those identifying it as a gap in provision commented that fathers would accept support if it was offered and tailored in the right way.

Most staff spoken to felt that young people's involvement in Sure Start Plus planning could be improved.

There was some discussion of examples of provision that stakeholders felt could be used as cases of best practice, though it was unclear if there were ever formal discussions of good practice amongst Sure Start Plus partners. Projects supported by the Sure Start Plus Community Chest fund were mentioned, for instance. Other suggestions for improvement and/or expansion put forward included:

'the Mum's First course because it is education but young mums don't feel like they are doing education. The tutor does it informally and so it's not like being at school and the one's I've watched going through that course their confidence has grown'

'This is where I think the drop in and Standhouse and Creswick Street are good because they do keep mums engaged and keep them doing something'

Provision based in localities was suggested:

'[we need] area based groups - it is difficult to get into town, especially if mums have been up in the night with the baby etc. If you have got somewhere that you could just walk around the corner to then it would be much better...'

Benefits advice was also cited as a weakness in provision:

'Another gap is with the benefits agency. They are not getting a good service and the people there are not telling them what they need to know, they don't tell them what they are entitled to. I know one woman and I told her that once she was 16 she would be entitled to income support, she was still at school but because she was 16 and had had the baby she was entitled. When she went to the benefits agency they said she wasn't entitled to it. Now she has gone without benefits for three months because she didn't come back'

Capacity was an important issue to many of the participants, most of whom felt that the PAs were working over capacity and unable to provide the in-depth service that they would like and recognise that young parents need. Further data on this issue are included below.

In echoing data from the young people, some professionals interviewed were aware of the prejudice that some young parents may face from health care workers:

'Before SS+, when young people tried to access sexual health and midwifery services the staff spoke to the adult with them.. I've heard horror stories'

All those staff interviewed did not know of much, if any, guidance from the National Sure Start Plus Unit, with only a few (including the SSS+ Co-ordinator) mentioning any communication with other Sure Start Plus areas.

8.5 Targets and development

Aside from the SSS+ Co-ordinator, a majority of professionals interviewed (partnership board members) did not know what the Sure Start Plus targets and measures were; this could be linked to the lack of clarity surrounding the importance of these at national level. The point on usefulness of quantitative measures made above is also reiterated.

Almost all interviewees, however, said that Sure Start Plus was offering clients a value for money service, with roughly half saying that funding could be improved, and about equal numbers of people saying that it was adequately funded at present.

8.6 Desire for future developments in SSS+ provision

Many ideas were raised; some building on existing services, some areas for new development.

- Peer support

'Critical to get together with other new parents'

- Support for fathers

'Needs to be some more explicit work done or commissioned by SS+ to unearth where the partners/fathers/fathers to be of women/children are - where are they hiding, where are they being lost?'

'At every opportunity young men are excluded, missed and marginalised ... Some training and screening of workers attitudes to men and fathers would unearth some real reasons for this sense that essentially SS+ is a service for young mothers not for young dads. Unfortunate but true'

- Widen beyond advice/information giving

'Move away from purely advice and information model (though it is needed and should be kept along side) - should offer some sort of help with the relationships between mother and father, mother and her mother, grandmother and father to be etc. It currently doesn't seek to address the relationships that surround the baby, surprising given the amount of times the breakdown or dysfunction of these primary relationships leads to social services involvement and such like'

- Extend funding to partner agencies

'... funding not just for PAs, also partnership agencies to help their joint activities, too much now down to goodwill. [it has] wider implications than immediate project resourcing'

- One key worker model

'.. women feel like they are being passed about and that is not what they want, they do not want a lot of different people involved, they want one central person to contact who can help them - until they get the confidence to get out there... with benefits and housing there is not one to refer them to and these are the major issues for them'

- Types of support

'.. it needs to be very much more hands on type of interaction between SS+ and the young parents units... physically bring young people over to visit... To give this initial support SS+ would need to be given more resources... Some sort of service within schools - advice and colleges and more specialist advice and more outreach...'

- Outstretched resource capacity

'All working beyond capacity - this is a weakness as more in-depth work is required but if you do this in-depth work someone else will lose out somewhere'

'.. a bigger team to access numbers for a higher level of support'

- Facilitate uptake of provision

Like young people, several professionals commented that budgets were needed to transport clients and/or reimbursement of travel costs,

'transportation is always an issue'

'some girls have to get two buses in to town and two out.'

- Improve referral system on contraceptive advice

Data on postnatal advice about contraception is incomplete and difficult to monitor as advice is likely to be provided by different agencies after birth. Closer liaison and referrals between the Youth Clinic and GPs is essential to provide an accurate record and inform progress on targets.

8.7 Sheffield Sure Start Plus Personal Advisers

There are currently two full-time PA posts funded by Sheffield SS+. The PA's are located within the Sheffield Futures and Connexions Team and ultimately managed by the Head of the Young Girls Unit. The Specialist PA for Vulnerable Young Women is now responsible for the direct day to day line management of the PA's, and although it is early days, this new structure seems to be working well. The PA's primary role is to provide young pregnant women and young mothers and fathers living in the Sheffield area with the support they need. The particular kinds of support the PA's provide to young people is always individually defined by the particular circumstances of the young person but usually involves one, or a combination, of practical, economical and emotional based need. Where the PAs involvement includes providing young parents with 1:1 support, this in effect, is proving invaluable in helping young people with their parenting, their personal relationship with

family members and partners and ex-partners and to improving young parents' self-esteem and self-confidence.

All of the stakeholders and workers referred to the current limitations placed on the PAs and to some degree young parents have alluded to the impact of these limitations during their interviews with the research team. Some of the specific problems are:

- **Administrative Support**

Though 6 hours of administrative support is funded by SS+, PAs estimate that 40-50% of their time is spent on paperwork and administration (answering telephone, monitoring, letter writing/sending, data input on PC). Though the work is necessary it takes up valuable time and is not the best use of the PAs specialist skills and knowledge.

- **Under-Resourced**

The evaluation highlighted an over-whelming agreement between all stakeholders and staff that current demand for the services offered by the SSS+ PAs far exceeds current capacity. There was also strong evidence that the time constraints placed on PAs is inhibiting the development of links to other relevant initiatives and projects in Sheffield.

- **Work with Fathers**

There was a consensus amongst Stakeholders and key workers that although the services offered by PAs have been developed with young women and men in mind, that in reality young fathers have very little contact with SSS+ at present. Key workers also identified issues that require consideration and alternative strategies: e.g. some fathers appear disinterested, not involved with mother or child, or were not present when their partners were visited for assessment.

The location of the PA service within 'women only' parts of a building is problematic as it excludes men from the drop in, and deters partners attending together. Yet the evaluation highlighted that some young mothers and their partners would like to come to the drop-in together. However, it is fair to say that an attempt to provide drop-in services in alternative locations has not attracted young men.

Overall, key staff and clients affirmed a need to retain the current women-only group as some women attend because their partners are not permitted to attend, but also called for the resourcing of more choice and range of drop in services e.g. women only, men only, mixed group and couples etc. With a view to including men, the name of the activity would also need to be reviewed. As one young person said

'If you call it a support group you are alienating them [men] before you start'

In conclusion, there are two aspects that are compounding on the work of the PAs. In brief, these relate to the quantity of provision and quality of the

interventions the PAs can make to support young pregnant women and young parents. The more 1:1 support the PAs give to young parents the more the young parent's benefit in a variety of ways, but this kind of work places great pressure on the time resources of the PAs. Consequently, the waiting list for referrals grows longer and the time available for the PAs to re-establish contact with the young parents who have taken part in an initial home visit or have been contacted by letter also diminishes. It is therefore a matter of urgency that the staff resource be reviewed and it is envisaged that the effectiveness of the service, young fathers and mothers, pregnant teenagers, and current staff will greatly benefit from an increase in both administrative and personal adviser staff hours/posts. The expansion of staff resource, however, would be best made as part of an overall strategy to direct and develop the scope of the service.

8.8 SSS+ Co-ordinator

The Co-ordinator cited various achievements to date. These include an enhanced awareness of the nature and variety of the issues young people face and raising these with relevant partners; a concomitant widening of the agenda regarding provision and successes in engaging and working with partner agencies; knowledge of *'what works and what does not'* and that the *'service is valued and much needed'*; substantial development of designated provision in 18 months; and creating a demand for the service.

The Co-ordinator said that the service is reaching or has reached full capacity but points out:

'We have a lot to do but we've only got a lot to do because we've learnt so much since we became operational'.

- **Origins and Demands of the Post**

The SSS+ Co-ordinator was not advertised as a specific post, rather the role was part (50%) of the Assistant Family Support Co-ordinator job description. Initially, developing the SS+ scheme was the primary role. Since implementation, the demands of the role have increased and the Co-ordinator estimates that more than 50% of her time is spent on SS+. All interviewees were aware that this post was very demanding and difficult to achieve within a 0.5 wte. The Co-ordinator feels that the role has not been funded to expand in line with successful developments and achievements.

- **Management, Support and Accountability**

Like other SS+ schemes, the Co-ordinator feels that Sheffield SS+ has operated with limited guidance from the national body and suggests that clearer direction would have been helpful. However, the National SS+ Co-ordinator has provided much valued one to one support despite the onerous demands on her time. Information and support is also provided through the Co-ordinator's attendance at national and regional SS+ meetings.

The SSS+ Co-ordinator *'really valued'* the support previously provided by the Teenage Pregnancy Co-ordinator and has missed this since her departure. A

representative from the Teenage Pregnancy Partnership Board has recently taken on the role of line manager which is much appreciated by the Co-ordinator. The SSS+ Co-ordinator post is supervised by the Family Support Co-ordinator. It is worth reflecting whether supervision might be more appropriately provided by someone with more direct involvement in services for pregnant teenagers and young parents.

The Co-ordinator has only a co-ordinating responsibility and no management responsibility for SS+ workers. From her perspective, this makes tasks both difficult and lengthy as all issues and decisions have to go through the management steering group or partnership board. While accountability is necessary, greater decision making power might facilitate more efficient working.

Overall, from the evaluators' perspective, lines of responsibility, management and accountability are complicated and have been difficult to discern. It is recommended that these be reviewed and simplified.

- **Factors Influencing Progress**

- **Absence of Teenage Pregnancy Co-ordinator** and her support to SSS+ Co-ordinator and the SSS+ Partnership Board. This situation should be remedied with the new appointment.

- **Lines of management, supervision and accountability** have not been reviewed and the issues raised above warrant further scrutiny.

- **New developments, restructuring, mainstreaming and time limited funding.** Funding for SS+ ends in April 2006 and the SSS+ Co-ordinator's suggests this is not long enough to effect mainstreaming because so much time has been diverted to meeting the demands of unforeseen developments and restructuring (e.g. Sheffield Futures and Connexions). It is recommended that priorities and budget forecasts are re-appraised in a context of contingencies for expected and un-expected developments in order to ensure the successful mainstreaming of services from 2006. The strategy for sustainability beyond 2006 is likely to be more easily facilitated by the restructuring that includes SSS+ in the Teenage Pregnancy Partnership Board, particularly given that the group includes representatives from all senior management in key provider agencies.

9 CONCLUSIONS AND RECOMMENDATIONS

9.1 *Effectiveness and Organisational Development*

Increase the size of the Personal Advisor Team and re-appraise budget and provision of administrative support in order to maintain quality and quantity of provision, reduce waiting list time, and enhance choice of flexible provision available to clients. Also facilitate improvement of PAs contact levels/types with young people e.g. visits rather than letters, keeping in regular contact via telephone calls.

Fund full-time post for Sure Start Plus Co-ordinator to improve effectiveness of SSS+ partnership and management and connections with regional and national working.

Improve administrative support for Sure Start Plus project. Include mechanisms for routine administrative support of the Partnership Board, accurate records of meetings recorded and disseminated, maintenance of accurate information on roles, responsibilities, contact details, financial information, budget status and projections etc.

Review lines of responsibility, management and accountability for SSS+ workers.

Accurate and meaningful Partnership map of Sheffield SS+ partners. This should be regularly updated and checked for representativeness and accuracy; liaison pathways should be clearly depicted, and partner agencies cross referenced to documentation on roles, responsibilities and contact details. Responsibility for accuracy, updating and dissemination should form part of a designated role. The map could be incorporated in Sheffield SS+ publicity and information exchange pathways and used in the induction process for new staff. The map could be reciprocally shared with other SS+ pilot schemes to establish models of good practice.

9.2 *Strategic Development*

Improve clarity of remit and clearer direction for Sure Start Plus Partnership Board and Steering Group. Clarify roles, responsibilities and liaison pathways; encourage constant/regular attendance and a fuller understanding between board members of their collective and individual remit. Provide accurate and understandable financial information. To enhance partnership identity and supportive, proactive inter-agency working, funded, designated training and awareness-raising 'away-days' (e.g. bi-annually) are recommended. Teenage Pregnancy Partnership Board to support a review of the terms of reference and working of the SSS+ Partnership Board.

Sustainability beyond 2006. Develop strategy, goals and interim measures (with timescales) for mainstreaming and funding beyond 2006.

9.3 Partnership and Inter-Agency Working

Partnership Board Membership and SSS+ service planning to include a young mothers', a young fathers' and a young parents' family representative *'to add to the voices of opinion from professionals working in the area'*. Discussion of the strategy for their inclusion should include: process of nomination, support measures for active and sustained participation (e.g. pre- and post-meeting briefing sessions, identified key support worker for representatives) and payment for time and expenses.

Continue to develop Sure Start Plus linking with mainstream support, in particular housing services; improve links between internal council departments and other agencies not actively involved in SS+ activities or partnership. Encourage involvement in above, offer open invitations to meeting, shared / cross-training awareness raising. In addition, develop funding streams for external agencies working in partnership with SS+, to benefit the long-term continuity of provision.

Review SSS+ referral procedure and case load management. Case referral and management strategy should be agreed between all partners to aid more agency collaboration and inter-agency referrals and reduce any duplicate provision. A key worker should be allocated to potential beneficiaries/clients (one, easily accessible contact) to avoid confusion, duplications and delays. The process for routine case meetings or alternative communication channels need review.

9.4 Front Line Service

Sure Start Plus publicity. Review current strategy. Consider impact on demand of enhanced publicity. If budget and resources permit, raise and refresh awareness of SS+ via reminder publicity for related staff/ professionals and other relevant agencies.

Hard to reach groups. Review inclusion strategy and publicity (particularly that on those already disengaged from school prior to pregnancy, young fathers, minority ethnic and hard to reach young people.). Equally, develop awareness-raising and specific training around supportive provision for particular hard to reach groups such as looked after young people and care leavers.

Young fathers. Develop proactive relationships with agencies working with young men and strategies for more integrated referrals and sustained, support of young fathers. This might include allocation of key workers, 'drop-ins' and individual therapeutic and counselling provision (partners or individual).

Conciliation and relationship support for developing and/or maintaining relationships between young parents and significant kin. Support for fathers estranged from their child, partner or families and strategies for improving access and contact to children is merited.

Budget allocation for client expenses. Travel expense accounts for all those agencies/partners providing services for young parents in order to encourage access to and attendance at 'drop-ins', support groups, one-to-one support etc.

Develop mixed drop-ins/support groups (in addition to maintaining current women only drop-in) to encourage young fathers' participation in the service and facilitate peer support. Close collaboration with the **Father Figures Project** is recommended.

Increase outreach support to young mothers and fathers on their return home after leaving hospital and for period beyond the first few months of birth.

Eighteen year olds. Consider increasing flexibility regarding provision for those over 18 years.

Develop provision in other locations especially North Sheffield and suburbs.

Housing provision. Continue consultations with housing services to ease process and develop initiatives to ease access/provision of housing for young parents to live together.

Contraceptive advice. Enhance the work of the PAs on sexual health and contraception and establish clear referral system which links young parents back to the Youth Clinic or GPs for contraceptive advice after pregnancy/birth. This would also enhance effective data collection and monitoring.

Models of good practice. These should be researched and findings shared to inform policy and planning, e.g. *SCOOP AID Mum's First* course.

Self-help. Develop strategies for initiatives to support PAs in helping young parents to set up their own support groups.

Benefits. Develop training for Benefits Agency to be more proactive in supporting young people to access and understand benefit entitlements.

9.5 Monitoring and Collection of Data

Review and revise strategy for collection of baseline data. Specifically:

- **Clarify the type of data required** through a request to the national Sure Start Plus co-ordinating body to provide clear, written, up-dated guidelines on requirements;
- **Consult with key local agents** regarding feasibility of meeting the requirements. This should include discussion of mechanisms for collecting meaningful and accurate data that reflects pre and post natal period in clinical and community settings. This requires closer liaison between hospital and community midwifery, health visitors and other community practitioners and agreement on standardised data collection

strategies, roles and responsibilities (this relates specifically to the 4 week post natal period);

- **Draw up service agreements** with data collection agencies e.g. *Health Informatics Service* and *PROTOS* system at the University Hospitals Trust. Questions regarding ownership of data, confidentiality and timetabled dissemination of data require discussion and agreement;
- **Devise a local strategy plan for collection of baseline data** based on the above consultations and seek endorsement from national Sure Start Plus body.
- **Identify key informants of baseline data and ensure clarity regarding responsibilities.**
- **Identify central collection point/tool** with designated administrative support. Issue clear guidelines on format and deadlines for data submissions.

9.6 *Relationship to National Sure Start Plus Project and Evaluation.*

Closer liaison and sharing of information and best practice between local and national project evaluators is required. This might include a request for enhanced provision of information from national SS+ to local projects, including facilitation of more inter-project/regional networking. More guidance from national Sure Start Plus Unit to support the work of the local SS+ Co-ordinator and related activities; and feedback to local SS+ workers on data/reports that are provided.

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Appendix 1

Young People Interview Guide

Introduction

- Welcome, thanks, aim of discussion
- confidentiality and impartiality
- tape recording / notes / consent
- how information used

Questions/Activity

1. General ice-breaking/relationship question.
Establish whether pregnant or parent or both (distinguish support for pregnancy and parenting).

2. Activity

You have eight cards. Each has the name of a person or service written on it. Please have a look at them and then arrange them in rank order from the most to the least helpful/supportive. Write the name of any additional sources of help on the cards labelled 'others'.

Discuss (*see methodology*) and ask clarifying questions.

Seek detail on help and support from SS+ e.g. is it different from that which they get from, say, their parents. Do they get something else (different things) from SS+?

3. Are you clear about what Sure Start Plus is? And what services it offers?
4. How did you hear about Sure Start Plus?
(did someone advise you to contact them or contact them on your behalf, did you choose to contact them yourself, or did they contact you? Leaflet?)
(if contacted them yourself) Was contacting easy/hard?
5. And how have you experienced any of these services? Uncover detail (what have they done for you? - whether it helped and why?)

And, what about **PAs**?

Try and get more specific list of the areas helped in e.g. did SS+ help with:

- healthcare (midwifery, sexual health, general health)
 - parenting skills
 - education (schools, FE colleges) - reintegration officers
 - taking up training and skills opportunities (Connexions?)
 - accessing childcare
 - housing needs
 - anything else?
6. Were you able to choose what support you wanted? How do you feel about the provision provided? (was it helpful or useful?) - establish whether they got the sense that it was tailored to their individual needs?
 7. Do you feel involved or consulted about what services Sure Start Plus choose to provide? Would you like your views to be represented within Sure Start Plus (for example there is a partnership board)?
 8. Do you have any views on how effective Sure Start Plus is at linking with:
 - i) mainstream services? (e.g. housing and list in Q5 above)
 - ii) other Teenage Pregnancy initiatives
 - iii) Sure Start programmes
 9. Do you think there are any gaps in provision locally, and if so, how are these / could these be tackled?
 10. How are Sure Start Plus trying to reach young fathers? How successful are they in doing this? What else do you think should Sure Start Plus do? (e.g. any help with reconciliation with partner / parents?)
 11. Are you aware of young people who are pregnant or parents who are not involved with SS+? If so, reasons? (get at whether SS+ getting to 'hard to reach')
 12. In an ideal world, what provision or activities would you like to see Sheffield Sure Start Plus provide?
 13. Are you aware of an advice phone line in Sheffield or website for young people about pregnancy and sexual health? Would you like to see either of these in place? Why/why not?
 14. Generally, would you say that Sure Start Plus has made a difference to your life? (in a good or bad way?)
 15. Is there anything else you would like to talk about that we might not have covered already, or any questions you would to ask me?

Appendix 2

Stakeholder / Staff Interview Guide

A. General Questions on role

1. What is your job title? And can you briefly describe the role of the project / organisation / department you work for?
2. How did you become involved in Sure Start Plus (were you approached, did you volunteer, is it on top of or part of your current role remit?)
3. Can you briefly describe your background in terms of job? How did you come to be in this position?
4. Can you describe the kind of activities your role entails in a typical week? (% on SS+? Other responsibilities?)

How does your remit fit with the aims of Sure Start Plus?
5. Line management – what is the management structure / who is your manager?
What is your relationship to the Co-ordinator for SSS+?

B. Relationship with other agencies

6. Can you describe how the relationship between Sure Start Plus Partners works in practice?
How close is the working relationship?
Does the partnership exist outside of board meetings?
7. How effective is SS+ in linking to:
(i) mainstream services (housing, midwifery, sexual health teams, schools, FE colleges etc.)
(ii) other teenage pregnancy initiatives
(iii) other relevant initiatives, specifically Sure Start Programmes?
(e.g. between voluntary sector organisations, Connexions, EYDCP, local Sure Start areas etc.)

Overall, Has SS+ helped to reshape mainstream services so that they are more responsive to YPs' needs?
8. Is there any networking with other SS+ areas (e.g. South Yorkshire Coalfields SS+)? Any communication / dissemination of best practice?
9. What is the flow of information like from the national Sure Start Plus Unit? Do you find it helpful/useful?

C. Working with clients

10. What do you see as your key role in working with:
- (i) pregnant teenagers
 - (ii) teenage parents
 - (iii) fathers (if not mentioned in (ii))
11. Can you list the SS+ co-ordinated packages/activities for YP and their children?

What impact are they having? ...desired and/or observed benefits for YP?

And how far does SS+ help teen parents to access childcare for them to complete their education and/or take up training & employment opportunities?

12. How effective do you feel SS+ has been in reaching those it is designed to help? How effective do you feel SS+ has been in reaching hard to reach young people and those with special needs?

How are Sure Start Plus attempting to reach young fathers? How successful is this proving? What else do you think could be done?

13. How far are support packages tailored to individual needs & circumstances?
14. What gaps in support/services does SS+ help to fill?
15. In your opinion, how clear is the support on offer to young people? Is the referral process routine

Could the information and or referral process be improved?

16. In terms of publicity about Sure Start Plus, are there any particular groups of young people you would like to attract to the service, and how would you go about doing this? How is it done at the minute?
17. Overall, what's your view on whether packages/support are impacting on or can impact on reducing pregnancy and teen parents' risk of poverty and long term social exclusion?

D. Involving YP in planning, delivery, implementation & evaluation

18. Have young people played a part in the planning, delivery, implementation and review of services targeting them? Specifically, how and successes / problems

Are young people's views represented on the partnership board? Do you think they should be? How?

E. Meeting targets & Longer Term Development

19. Do you feel the national and local targets and measures are realistic? Do you find them helpful?
20. Do you think the services Sure Start Plus provide at present offers value for money? Is Sheffield Sure Start Plus adequately funded in your opinion?
21. Given what you have said above, do you think gaps and/or weaknesses remain in local provision, and if so, how are these / could these be tackled?
22. In an ideal world, what kind of provision / activities would you like to see Sure Start Plus put in place to support young people?
23. To your knowledge, what is the Sure Start Plus case load like? Is it working to, or beyond, capacity?
24. Have you received any professional development training in your present post? And are there courses you would like to go on?
25. All in all, what would you say are the main lessons that can be learnt from the SS+ pilots? (e.g. what key features of implementation have contributed to particular outcomes?)
26. Are there any other issues you would like to raise that may not have been covered?

APPENDIX 3

Contacts List

Name	Position	Organisation	Contact details	Requested	Result
Dr Helen King	Consultant and lead clinician in Family Planning & Reproductive Health	Central Health Clinic	helenk@chsheff-tr.trent.nhs.uk 0114 271 6800	Evaluation interview and any baseline data	Referred Sheffield West Primary Care Trust and Jessop Wing. Provided rebased census data and participated in evaluation interview
Mark Wilkinson		NHS	0114 271 1100	Low birth weight and abortion data	Unable to provide data
Richard Tongue		NHS	0114 226 8380	Any baseline data	Service agreement & payment for work required
Anne Jennings		NHS	271 3581	Postnatal depression data	Unable to provide data
Kate Quail	Former Teenage Pregnancy Co-ordinator for Sheffield	Sheffield South East Primary Care Trust	271 1228 kate.quail@sheffielddse-pct.nhs.uk 0779 6446861	Evaluation interview and any baseline data	Referred Jo Cooke and Foxhill Sure Start. Did not participate in interview.
		Sheffield West Primary Care Trust	0114 271 1034	Any baseline data	Referred to library
		Jessop Wing	0114 226 8000	Breastfeeding and parenting classes data	Referred to Gill Turner
Jo Cooke	Evaluator	Sheffield University	j.m.cooke@sheffield.ac.uk	Any baseline data	No response
Debbie Crofts	Research and Evaluation Team Member	Foxhill and Parsons Cross Sure Start	0114 229 4980	Any baseline data	Provided info on Sure Start experience
Yvonne Osbourne		NHS	yvonne.osborne@sth.nhs.uk	Any baseline data	Unable to provide data
Sharon Clarke	Midwife Team Leader	Jessop Wing	0114 226 8301	Evaluation interview	Referred Richard Tongue and

Name	Position	Organisation	Contact details	Requested	Result
				and any baseline data	Anne Jennings. Did not participate in evaluation interview.
Maeve Rogers	Parent Education Midwife	Jessop Wing	0114 226 8454	Evaluation interview and breastfeeding data	Supplied information about the collection of breastfeeding information and participated in evaluation interview
Avril Bramall	Head of Hospital and Home Education Service	Hospital and Home Education Service	0114 268 3853 avrilbramhall@yahoo.co.uk	Evaluation interview and breastfeeding information	Referred to Maeve Rogers and participated in evaluation interview
John Soady	Director of Public Health	Sheffield West Primary Care Trust	0114 226 4644	Smoking data	Provided smoking statistics and other data
Bethan Plant	Health Promotion Manager (Children and Young People)	Sheffield West Primary Care Trust	0114 226 4640	Smoking data	Referred to John Soady and Pam Hancock
Pam Hancock	Smoking Cessation Service Midwife	Sheffield West Primary Care Trust	0114 226 4718	Smoking data	Unable to provide data
Debbie Allinson	Smoking Cessation Service Administration Manager	Sheffield West Primary Care Trust	0114 226 4719	Smoking data	Referred to Richard Tongue
Gill Turner	Teenage Parent Midwife	Jessop Wing	0114 226 8142, 0114 226 8529 or 0790 9993290	Any baseline data	Spoke to when only just in post.
Jan France	Manager	Sheffield Futures and Connexions & Work with Girls Unit	0114 275 5676	Evaluation interview	Participated in evaluation interview
Thelma Whitaker	Project Manager	SOVA CAST Befriending Project	0114 2786551	Evaluation interview	Participated in evaluation interview
Annalisa Ingrosso	SS+ PA	Sheffield Futures and Connexions - Work with Girls Unit	0114 2786518	Evaluation interview	Participated in evaluation interview
Angela Stewart	SS+ PA	Sheffield Futures and Connexions - Work with Girls Unit	0114 2786518	Evaluation interview	Participated in evaluation interview
Ben Yeager	Father Figures Co-	Father Figures	0114 2495981 or 07977449901	Evaluation interview	Participated in evaluation interview

Name	Position	Organisation	Contact details	Requested	Result
	ordinator				interview
Vicky Stringer	Operations Manager	Standhouse YPU	0114 2530598	Evaluation interview	Participated in evaluation interview
Margaret Addy	Family Support Co-ordinator	Manor Young Children's Centre	0114 2530598	Evaluation interview	Participated in evaluation interview
Mado Khan	SSS+ Co-ordinator	Family Support Education Directorate	0114 273 5752	Evaluation interview	Participated in evaluation interview
David Bassue	Co-ordinator Family Support Education	Family Support Education Directorate	0114 2735932		
Marilyn Victor-Jefferson	Specialist PA for Vulnerable Young Women	Sheffield Futures and Connexions - Work with Girls Unit	0114 2786518	Baseline data from previous and current years	