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# Black and Minority Ethnic Families and Sure Start: Findings from Local Evaluation Reports

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**NESS**  
NATIONAL EVALUATION OF SURE START

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## **Executive Summary**

### **Background**

The Sure Start guidance and planning literature encourages programmes to focus work on ethnic minority communities and to deliver services to meet objectives in this area. This tailoring of services to the needs and requirements of specific local communities rests at the heart of the Sure Start approach. Sure Start furthermore operates to a set of core principles including the requirement that services be non-stigmatising and culturally appropriate and sensitive to particular families' needs. In almost one quarter (22 %) of Sure Start Local Programme areas, at least 10 % of the residents originate from the Indian subcontinent, whereas in 15 % of areas at least 10 % of residents are Black.

### **Methodology**

Reports received by NESS up to November 2005 were examined for any information regarding the involvement of Black and Minority Ethnic individuals, groups or families within Sure Start services or activities. This gave 74 reports having specific reference to Black or Minority Ethnic groups. A further 36 reports which included information on 'hard to reach' families, and three reports citing Sure Start work with Asylum seekers were considered. In addition, five reports were found in the 'hard to reach/ethnic minorities' section of the NESS '*Evidence from Local Evaluation Reports Received January 2005 – December 2005*' report to the Sure Start Unit. From these, a subset of 71 evaluation reports which contained sufficient information to be included in this synthesis report was selected.

### **Findings**

The majority of evaluation reports with any specific findings concerning BME groups simply reported the ethnic composition of their programme area. Beyond this, the next most common reference involved reporting the ethnic composition of baseline or user- satisfaction survey samples. A number of

reports cited the use of ethnic monitoring data of individual service usage or overall contact with Sure Start as a way of assessing programme reach.

A small number of reports presented findings of service user/non-user studies which aimed to explore the reasons for service use or non-use amongst specific BME groups. Of these, five reports implemented user/ non-user surveys although in the majority of cases small sample sizes limited the extent to which findings could be meaningfully broken down by ethnicity. Four programmes reported more in-depth, qualitative evaluation work on service use and non-use, considering issues of culture and ethnicity. A common emergent theme across these studies concerned the manner in which limited English language skills of some parents may restrict involvement in Sure Start. In such contexts, the value of bi- or multi-lingual skills of Sure Start staff was highlighted.

Reporting on targeted services, adult language courses were the most common form of activity directed at BME groups. Such projects were particularly common in Sure Start areas that had substantial Pakistani or Bangladeshi communities. More general social meeting groups or playgroups were the next most common ethnically targeted services. Other targeted provision listed in local evaluation reports included a bilingual breastfeeding support group for Bangladeshi women, swimming session targeted at Muslim families, a 'self-esteem' training course for Bangladeshi and Pakistani women, and a Jewish mother and toddler group. None of these reports however provided any outcome evaluation findings. A small number of reports mentioned that they have outreach workers whose job it was to engage with various BME communities, although none of these reported how effective such approaches were at improving inclusion.

Where programmes either described or evaluated attempts to encourage BME families to engage with Sure Start services, these attempts were predominantly targeted at families and communities of South Asian origin. Very few reports describe specific efforts to engage with, or target services at African or African-Caribbean communities, although in some cases these

groups appear to constitute a significant proportion of Sure Start programme populations.

Across the majority of reports that contained information on specific services or projects targeted at BME families, the targeting was generally viewed as a positive way to increase inclusion of BME families. However, two reports highlighted some of the potential pitfalls of such targeting. If targeted provision is not adequately integrated with other non-targeted mainstream Sure Start services there is a potential risk that support offered to some BME groups may become compartmentalized, or isolated into specific projects. The formation of effective links between targeted and non-targeted services and raising awareness of other Sure Start services with BME families were highlighted as ways to overcome these problems.

## **Conclusions**

Overall, detailed evaluation work on efforts to include Black and Minority Ethnic families, group, or individuals in Sure Start was scarce. The majority of local evaluation reports received by NESS typically concern the assessment of work undertaken towards reaching specific Sure Start PSA targets as opposed to identified sub-groups or families within communities. This in part might go towards explaining the lack of impact evaluation work around BME families. Future work may consequently benefit from longer-term evaluation studies of the impact of Sure Start services on Black and Minority Ethnic families. This could be undertaken to more fully assess good practice around the tailoring of services to specific local contexts.

# **1. Introduction**

## **1.1. Introduction to Sure Start Local Programmes**

1.1.1 Sure Start Local Programmes (SSLPs) are a key part of the Government's effort to improve the life chances of children living in areas of greatest need. They represent integrated approaches to service delivery specifically aimed at:

- Improving learning
- Improving children's health
- Improving social and emotional development
- Strengthening families and communities

1.1.2 All SSLPs are required to undertake local evaluation examining the process of service delivery and the impacts and outcomes that have resulted from their activities. SSLPs produce evaluation outputs such as annual evaluation reports and evaluation findings reports and the National Evaluation of Sure Start (NESS) acts as a repository of all evaluation outputs from the 524 SSLPs.

1.1.3 The collation and dissemination of information relating to local evaluation is an important part of the work of NESS, and is facilitated through the NESS website ([www.ness.bbk.ac.uk](http://www.ness.bbk.ac.uk)). Synthesis reports are amalgamations of evaluation findings on a particular theme. This synthesis document integrates findings related to SSLP evaluations of Sure Start work targeted specifically at Black and Minority Ethnic (BME) individuals, groups and communities.

1.1.4 Previous NESS synthesis reports have taken a focused approach, integrating findings related to a specific area of SSLPs' service delivery (for example, speech and language provision and breastfeeding and nutrition work) or ways of working (for example, partnership working). The present synthesis report however, is the first to focus on a particular population or populations. This population-focus provided a challenge because the majority

of Sure Start local evaluation reports focus on particular areas of service delivery. There are few evaluation reports that look specifically at services or outcomes for 'Black and Minority Ethnic' communities, individuals or families. As Section 2 outlines, a broad range of local evaluation reports were consulted to provide material for this report. Although the majority of these reports contained only a brief mention of BME groups, there were some that provided useful findings related to BME groups. These findings have been highlighted and synthesised in this report.

1.1.5 Throughout this report, we follow the example of Pascal and Bertram by using the term BME, "as it has become commonly used to describe people experiencing racial discrimination because of their skin colour, their ethnicity, their culture, or for other connected reasons." <sup>1</sup> As in Pascal and Bertram's report, the definition of BME used for this synthesis report, also includes asylum seekers, refugees and travelers.

## **1.2. Why targeting services at Black and Minority Ethnic families may be important for Sure Start Local Programmes**

1.2.1 Parents and carers generally share concerns for the health, well-being and education of their children, which transcend culture and ethnicity. At the same time, variations may exist in the cultural, religious, and linguistic experiences of different ethnic communities and families. Research indicates that minority ethnic families suffer disproportionately high rates of poverty and ill-health compared to White British families. They are also more likely to live in poor housing, to be unemployed, or work for low wages. Black and minority ethnic families may further experience significant barriers to accessing affordable childcare, resulting in take-up amongst these communities being lower than in White communities, despite evidence for demand <sup>2</sup>.

1.2.2 Sure Start operates to a set of core principles including the requirement that services be non-stigmatising and culturally appropriate and sensitive to particular families' needs. The Sure Start guidance and planning literature



consequently encourages programmes to focus work on ethnic minority communities and to deliver services to meet objectives in this area.

1.2.3 Based on the 2001 Population Census, the Local Context Analysis module of the National Evaluation of Sure Start has determined that minority ethnic communities are strongly represented within SSLP areas: the ethnic minority population is 10 % or more in 38 % of SSLP areas and 20 % or more in almost one in three (32 %) areas. In almost one quarter of SSLP areas (22 %), at least 10 % of the residents originate from the Indian subcontinent, whereas in 15 % of SSLP areas at least 10 % of residents are Black <sup>3</sup>

1.2.4 Efforts to accommodate difference and offer appropriate provision and delivery techniques to include Black and Minority Ethnic Families are evidenced through much of the local evaluation work synthesised in this report. This tailoring of services to the needs and requirements of specific local communities, furthermore, rests at the heart of the Sure Start approach.

## 2. Methodology

2.1 NESS currently holds a number of local evaluation reports that relate specifically to Black and Minority Ethnic groups. It is important to point out that this synthesis report only brings together findings from those reports that NESS has received from SSLPs and thus does not reflect the entirety of relevant evaluation work conducted by local programmes. There may be other relevant pieces of evaluation work currently underway or completed reports that have not yet been passed to NESS for dissemination.

2.2 Local evaluation reports on the NESS website are assigned keywords to allow website visitors to search the database of reports. A search for the term 'ethnic minorities' on the NESS website yielded 74 reports. In addition, five reports were found in the 'hard to reach/ethnic minorities' section of the NESS '*Evidence from Local Evaluation Reports Received January 2005 – December 2005*' report to the Sure Start Unit. Of the 74 NESS website reports, a substantial proportion (approximately half) made only a cursory mention of issues specifically related to ethnic minority individuals, families or communities. For example, a number simply stated that the community was ethnically diverse or simply gave a breakdown of the Sure Start area population by ethnic group. Of the remaining reports, very few contained any evaluative information. A search of the NESS website for the term 'User satisfaction' yielded 298 local evaluation reports. These reports were examined for information relevant to this synthesis report.

2.3 Separate searches for the terms 'refugees' and 'asylum seekers' on the NESS website yielded an additional three documents. A search was also entered using the term 'hard to reach' and this produced 36 results. Of these, 26 were findings and annual evaluation reports. Reports defined 'hard to reach' in a number of different ways and some reports failed to define the term at all. A number of these reports made only a brief mention of issues related to 'hard to reach' individuals or groups or to 'community engagement' issues.

2.4 The following sections bring together the information from the local evaluation reports described above. In total, 71 evaluation reports contained sufficient information to be included in this synthesis report and these are listed in the appendix. Overall, it should be noted, local evaluation information on interventions tailored specifically towards BME groups was limited.

### **3. Assessing service needs and use in Sure Start communities**

#### **3.1 Introduction**

3.1.1 Consultation with parents and the wider community provides an important mechanism through which Sure Start local programmes obtain information on what services communities want, and how they would like them provided. Sure Start guidance on community consultation suggests that special attention should be paid to contacting 'harder to reach' families which may include some ethnic minority groups, to ensure views collected are representative of the entire community. Given the ethnic and cultural diversity of many Sure Start areas, ensuring community consultation practices fully reflect local diversity has been a priority for many local programmes. This section of the report considers the variety of techniques and strategies local programmes have implemented to consult local communities and the ways in which patterns of service use amongst Black and Minority Ethnic groups have been understood.

#### **3.2 Knowing your Area: Profiling Sure Start Communities**

3.2.1 Although many staff working in Sure Start local programmes already have a tacit understanding of the ethnic and cultural diversity of the communities in which they operate, the use of statistical profiling can provide further important information on the relative population size of different BME groups within Sure Start areas. It can also raise awareness of the existence of smaller, 'less visible,' minority ethnic populations and aid the identification of hard-to-reach groups. Given the importance to effective service provision of understanding the characteristics of local communities, it is not surprising that the majority of evaluation reports that give any specific findings in relation to BME groups simply reported the ethnic composition of their programme areas.

3.2.2 The 2001 Population Census was the most commonly cited secondary data source that SSLPs utilised to obtain information on ethnicity in their

communities. Alternatively, some local programmes used other sources of data, such as local government surveys (one programme) or health surveys (two programmes). Beyond the use of secondary data sources, the next most common profiling strategy involved the inclusion of ethnic monitoring questions in Sure Start baseline surveys. Where sample sizes were large enough, this strategy allowed SSLPs to make some generalisations regarding the ethnic make-up of their communities. Such surveys were often used to collect information on languages spoken within SSLP areas. Although the ethnic profiling and local context information undoubtedly plays a part in the planning and decision-making of many local programmes, actual details of how such information was used or influenced recommendations was rare in the local evaluation reports considered.

### **3.3 Monitoring Information and Service Use**

3.3.1 Local programmes are required to report information on the ethnic monitoring of overall service use to the Sure Start Unit. A number of SSLPs incorporated ethnic monitoring information on overall reach or the use of specific services in their local evaluation reports. This information was typically used to consider whether certain BME families or communities were being reached more or less than others, or whether particular groups were not accessing specific services in order to identify hard to reach groups. Services for which information on ethnic monitoring was considered in local evaluation reports included:

- Ethnic monitoring of the caseload of a health outreach worker team
- Referrals to a Portage service
- Membership and usage of a book lending scheme
- Crèche and Playgroup use.

3.3.2 In the majority of cases, ethnic monitoring data were presented in local evaluation reports with little further analysis. In a number of reports where such data were considered in greater detail, a lack of comparison between service use patterns and the actual ethnic composition of the local population limited their value. This was mainly because, in the absence of a baseline

obtained through such comparisons, it was often difficult to conclude whether certain ethnic groups were less represented in usage figures due to a lack of reach, or whether smaller monitoring figures simply represented the smaller size of a given ethnic population within a community. Three programmes overcame this problem by comparing information given by the 2001 Population Census to their ethnic monitoring figures. This allowed a more accurate assessment of the relative proportion of BME families within communities that were being reached.

### **Box 3.1 Using Monitoring Information in local Evaluations**

#### ***Example 1***

One SSLP in the South East of England used their ethnic monitoring data on programme reach to consider whether they were achieving targets to contact BME families within the area. Comparisons were drawn between reach figures and area data on ethnicity derived from the 2001 Population Census in order to assess this. The findings suggested that over time reach had improved for BME families so that, by 2003/04, programme reach for people of Mixed, Asian, and Black ethnicity more or less matched the representation of these groups in the Census data. However, more fine-grained distinctions in ethnicity were not considered.

#### ***Example 2***

A South Yorkshire Sure Start Local Programme reported findings from a study of its health worker outreach team's monitoring data. This work considered whether the outreach team was appropriately targeting BME groups in the community. The monitoring data revealed that 17 per cent of families supported through the outreach work were minority ethnic families, whereas according to the 2001 Population Census only 3 per cent of families were categorised as BME families.

3.3.3 As well as being used to assess programme performance in terms of reach, monitoring information on ethnicity was also used as a way of setting inclusion targets for local programmes. Three programmes defined their aim of including BME families and communities in Sure Start in terms of improving specific monitoring figures. Other programmes, although not setting their objectives in terms of monitoring targets, stated a more general intention to increase reach amongst specific BME groups.

3.3.4 Although monitoring information generally appeared to provide a useful tool for understanding reach, one local programme warned against the potential dangers of 'chasing numbers' through defining inclusion objectives in terms of monitoring targets. It was suggested that a focus on increasing usage levels and meeting numerical targets could potentially detract attention away from other equally important objectives, such as improving the quality or cultural sensitivity of services.

3.3.5 A number of programmes reported practical problems with using ethnic monitoring data. These typically concerned issues of missing data, or a lack of standardisation of definitions around ethnicity. In some cases where ethnicity was recorded through membership forms or survey methods, voluntary non-reporting led to high frequencies of unknown responses. This raised further problems when drawing comparison between Sure Start monitoring data and the Population Census. Whereas the Sure Start monitoring system (as recorded on the M3 monitoring form) has separate categories for 'other ethnicity' and 'unknown', the Population Census groups these two together. This however, was only reported as a problem by one local programme, which had particularly high frequencies in these categories. Some other limitations reported with using the Population Census included the fact that local populations are dynamic and therefore change in their composition over time, changes which the Census could not capture. Issues around the alteration of local ward boundaries making it difficult to obtain statistics confined to the Sure Start area were further highlighted in one report.

### **3.4 Understanding Service Use and Non-Use of BME Families**

3.4.1 A number of further methods were employed to consider patterns of service use by BME families and groups. Five programmes reported the use of user and non-user surveys, which attempted to consider the characteristics of people who were or were not using Sure Start services. In the majority of these cases, although the ethnic profiles of users and non-users were obtained, small sample sizes limited the extent to which responses to other survey questions could be broken down by ethnicity.

3.4.2 Moving beyond basic ethnic monitoring and user/non-user surveys, four programmes reported findings from more in-depth evaluation work on service use and non-use, giving direct reference to issues of culture and ethnicity. In some cases, this work was stimulated by findings from the study of monitoring data. In others, it precipitated by the results of user/non-user surveys, or a tacit knowledge of the local community amongst Sure Start staff. This work chiefly involved in-depth qualitative interviews and/or focus groups. In some cases, small sample sizes amongst particular ethnic groups made such methods preferable. A number of common themes were explored in these evaluations:

- The extent to which English Language Fluency can act as a barrier to participation (see Box 3.2).
- Differences between ethnic groups' levels of awareness of Sure Start services and differences in BME groups' awareness of the 'philosophy' of Sure Start (see Box 3.3).
- Cultural appropriateness and sensitivity of Sure Start services.

3.4.3 Several studies confirmed how levels of English language proficiency of some BME mothers could act as a barrier towards inclusion in Sure Start. These issues were particularly salient in areas that had significant Pakistani, Bangladeshi communities, or asylum seeker populations. Beyond language issues, a general lack of awareness of Sure Start provision amongst some BME families was highlighted in several local evaluations. In some cases this appeared to reflect limitations with the publicity strategies of local



programmes. Consequently, several reports made recommendations for ways to overcome these barriers. These included employing a greater number of staff or outreach workers with multi-lingual language skills and the greater translation of publicity materials into community languages.

### **Box 3.2. Overcoming language barriers and encouraging engagement**

*“My sister-in-law told me that she knew that a Pakistani woman worked at Sure Start and that she was involved in the groups. I only started coming because I knew that there would be someone who spoke my language and would tell me about the other things [facilities] I could get for my children. It’s easier when someone explains things to you in your language, sometimes it’s hard to understand what the services are about, but it’s easier when you’re speaking to someone because you can ask them to explain something you have not understood”. (In-depth Interview, Pakistani mother, West Midlands)*

### **Box 3.3. Involving BME Families in Local Consultation**

#### **Example1**

Through a user/non-user survey, one local programme within the West Midlands found there was a low uptake of children’s services by Pakistani families in the area. In-depth qualitative interviews and focus groups were undertaken with Pakistani mothers from the community, which were conducted in English, Urdu, and Punjabi to explore potential reasons why. The findings revealed that, of the 50 mothers interviewed (including 12 from focus groups), 35 were not fluent in English. In addition, play schemes and after school clubs tended to clash with Quranic studies classes. A staff survey of local children’s service providers supplemented the evaluation by providing an overview of the language capabilities and strategies used by service providers to include Pakistani Families in the area. This survey showed that a low level of staff across the partnership could speak Urdu. The recommendations of the study highlighted how the recruitment of community

workers who held the appropriate language skills and understandings of Pakistani cultural traditions could help increase service uptake.

***Example 2***

One programme in East London used a visual method to gain information from parents who did not speak English about their lives in the Sure Start area. This involved parents being given disposable cameras and being asked to take photographs about what they felt was important to them and their community. The photographs were developed and parents discussed the meaning of the photographs through an interpreter. The evaluation does not report findings as the analysis of the data were yet to be completed.

3.4.4 Other reports highlighted how cultural sensitivity within Sure Start provision could potentially improve involvement among BME groups. One report found that many women may find breastfeeding in the context of Sure Start support groups embarrassing or even distressing, although these feelings are not necessarily confined to any specific ethnic or cultural group. In some cases, support upon a one to one basis was deemed to be more appropriate.

3.4.5 Two reports noted that cookery programmes targeted at Muslim women needed to meet Halal dietary requirements, whereas another programme working in an area with a large Jewish population highlighted the need to provide kosher food. A clear statement that such dietary requirements are met on publicity and promotional material for Sure Start activities was further suggested as a way of attracting greater involvement from these communities.

**Box 3.4. Increasing involvement among BME families**

The monitoring data of one art project for mothers and children in the West of London highlighted how the activity was not attracting many Bangladeshi families, who represented a sizeable portion of the local community. The coordinator of the service consequently sought ways to increase the number of Bangladeshi families taking part in the project. These included visiting other Sure Start groups and activities to introduce herself and the project to families, and undertaking outreach work at established community groups and centres. Monitoring of a parents' forum run by the programme showed that this project had a considerably higher representation from Bangladeshi families. Greater links were consequently sought with the forum to attract more Bangladeshi families into the arts project.

**3.5 Encouraging BME Participation in Programme Delivery**

3.5.1 There was little evidence from local evaluation reports of attempts by SSLPs to involve BME individuals or families in programme delivery. For example, few reports included information about ensuring partnership boards are ethnically representative of the local community, monitoring staff ethnicity, or working in partnership with faith and community groups.

3.5.2 NESS experience of supporting the SSLP evaluations is that many work hard to encourage BME participation in service delivery and there is anecdotal evidence from NESS Support workers that SSLPs have employed the types of strategies outlined above. In addition the NESS report on findings from the National Survey of Round 1 and 2 Sure Start programmes found that 33 per cent of these programmes had some form of system for monitoring the ethnic background of individuals involved in programme management <sup>4</sup>. However, it appears that this may not be a part of programmes' work that tends to be evaluated and so evidence of it was largely absent from local evaluation reports.

3.5.3 Two programmes did report details of the ethnic monitoring of their staff. One of these reports states that 19 % of staff lived in the local community, and 17 % spoke a community language other than English. Another programme reported that it reserves a place on its Partnership Board for a parent representing 'ethnic minority families'. One further evaluation found that BME groups and faith groups had little Partnership Board representation and recommended that the programme make stronger links with local faith groups and voluntary organisations to remedy this.

## **4. User Satisfaction Surveys: Involving BME communities**

### **4.1 Introduction**

4.1.1 User satisfaction surveys provide an important source of information on how Sure Start services are received by the local community. They can further give information on the extent to which service provision is perceived to be improving, and highlight areas for potential service development. Although a number of reports collected information on the ethnic profile of respondents in their user-satisfaction surveys, in the majority of cases responses to questions on satisfaction were not broken down by ethnicity.

### **4.2 Strategies to Include BME Groups**

4.2.1 A number of SSLPs made a specific attempt to engage with members of BME groups when undertaking community or user satisfaction surveys. Seven reports describe how the ethnic diversity of the communities living in their programme's area influenced the way in which survey data were collected. In these reports, programmes usually attempted to overcome any barriers that they thought might prevent families from differing ethnic backgrounds participating in the survey.

4.2.2 The most commonly cited barriers towards participation by BME families and communities concerned issues of English language proficiency amongst parents. These issues were most pronounced within communities that either had large South Asian populations or significantly large Asylum seeker populations.

4.2.3 Local programmes used a number of strategies to overcome language barriers. These included:

- Using interpreters who speak community languages
- Using a team of interviewers who it is felt match the ethnic backgrounds and languages spoken of families in the Sure Start area.
- Including, on both the covering letter and front page of a satisfaction questionnaire, a paragraph written in Arabic offering the assistance of

an interpreter to encourage participation from the local Arabic-speaking community.

- Using husbands as translators for their wives.

4.2.4 In addition, seven programmes reported collecting data on languages spoken by survey respondents. This information may be useful for programmes when deciding whether or not to translate programme material in the future. In some cases, the sheer diversity of languages spoken limited the extent to which programmes had the capacity to translate materials or find translators to reach the entire community. This may potentially present problems around reaching the views of smaller ethnic minority populations with limited English language ability. For some minority ethnic groups, small population sizes further limited the extent to which claims about survey representativeness could be made.

**Box 4.1. Promoting refugee and asylum seeker involvement in a User Satisfaction Survey**

One programme was aware that there were approximately 20 refugee and asylum seeker families living in the Sure Start area and felt that it was important to find out about their satisfaction with services for children and families. The programme used a door-knocking approach that involved interviewers, accompanied by the programme's Refugee Support Worker, visiting the homes of refugee and asylum seeker families to encourage them to take part in interviews. The Refugee Support Worker acted as an interpreter when required. This approach proved successful and resulted in 17 interviews being conducted with refugee and asylum seeker families.

4.2.5 The NESS guidance on involving parents and carers in local evaluation discusses the potential benefits of parent/carers involvement in the local evaluation data collection process<sup>5</sup>. In keeping with this, some programmes have offered training to BME parents to allow them to act as community

researchers in User Satisfaction Survey data collection (see Box 4.2). This allows programmes to assemble a team of community researchers who match the ethnic backgrounds of local families, with the aim of increasing the survey participation rates of individuals from BME communities.

**Box 4.2. Involving parents as researchers to overcome language barriers to survey participation**

***Example 1***

One SSLP wanted to ensure that it was adequately meeting the needs of the local community. External evaluators were commissioned to coordinate a community survey. The evaluators developed a structured interview questionnaire with the help of local parents and also conducted training sessions to enable the parents to carry out the interviews. During a five-month period, 17 interviewers who spoke 10 different community languages, conducted interviews with parents and carers of children aged 0-3 years of age. The parent interviewers informed the SSLP when there were any additional interpreting needs so that further interpreters could be provided. Overall, interviews were completed with 171 local families.

The survey was successful in collecting information from families from a range of ethnic backgrounds and speaking a range of different language. For example, Bengalis families account for 36 per cent of respondent families, Black African families for 12 per cent, and White British/Irish participants for 24 per cent. Languages spoken by respondents included English, Bengali, Somali, Arabic and Spanish.

***Example 2***

In one programme in North London, parent interviewers were recruited representing a number of ethnic groups which allowed the survey to be conducted in several languages including Arabic, French, Punjabi, Urdu, and Somali. Additional support was provided to help interviewers conduct surveys in Turkish and Somali.

### **4.3 Findings from User Satisfaction Surveys**

4.3.1 Three programmes cited evidence from satisfaction surveys that BME and white respondents indicated different levels of satisfaction with services for children. However, in each of these cases, the findings cannot be relied upon due to sample size issues. In one case, only a small number of 'White' respondents (n=11) participated in the survey and their responses were compared, in terms of the percentage of respondents satisfied, with those of 98 respondents of Pakistani origin. Such a small sample size (n=11) is unlikely to be representative of the wider population and thus findings based on percentages calculated from this sample may lack validity. In contrast only a very small number of BME respondents participated in the survey in the other two cases.

4.3.2. Two programmes found that levels of awareness about Sure Start were lower among respondents of South Asian origin than among white respondents. However, in one of these cases only 13 respondents of South Asian (Pakistani) origin took part in the survey compared with more than 90 white respondents. Here again, the small ethnic minority sample size means that any comparison of the percentage of each group who are aware of Sure Start needs to be treated with caution. In the second case, a difference in awareness levels was found between 'white' respondents (67 %) and those of 'Indian' background (52 %). However, almost 50 % of respondents of 'Indian' origin lived in only one of the areas surveyed whereas 'White' respondents were spread more evenly across the three areas. It may therefore be that it is a lack of knowledge of Sure Start within one particular geographical area, rather than respondents' ethnic backgrounds that accounts for this difference in awareness.

### **4.4. Difficulties with comparing results from satisfaction surveys**

4.4.1 A number of programmes did collect information on the ethnic background of survey respondents. However, this information tends to have been used to help assess whether the ethnic background of the sample was representative of the wider Sure Start area rather than to allow for



comparisons of satisfaction across ethnic groups. Indeed, it may be the case that programmes realise that the small sample sizes that they often obtain make comparisons across ethnic groups impractical. This could explain why few local evaluation reports have made such comparisons.

4.4.2 It is also apparent that SSLPs that had collected data on the ethnic background of survey or research respondents often defined particular ethnic groups in a variety of different ways. Although some used categories similar to those on the 2001 Census, others used a range of terms to describe what might be the same ethnic group. For example, White British participants were sometimes categorised as 'White', 'White British', or simply 'British' and respondents of Pakistani origin as 'Pakistani' or simply 'Asian'. The use of these differing ethnic categories added to the problem of pulling together meaningful findings from local evaluation reports.

4.4.3 Most of the 'User Satisfaction' survey findings that related to BME groups were briefly reported in local evaluation reports. Such findings include:

- Asylum Seeker and refugee families expressing the need for more information about services for children.
- Service providers identifying cultural awareness training for staff on the specific needs of Travellers and BME groups as something that they felt they needed.
- One programme found that when parents who had used Sure Start services were asked whether or not it had made a difference to them, a small number (6 out of 28) stated that it had improved their English language skills.

## **5. Targeting Service Provision and Black and Minority Ethnic Families**

### **5.1 Introduction**

5.1.1 This section considers some of the issues surrounding the specific targeting of services at Black and Minority Ethnic individuals or families. The diversity of SSLP areas raises a number of conceptual issues regarding the assessment of the extent to which programmes are effectively reaching and including BME groups.

5.1.2 In some cases, although on the basis of national demographic comparisons specific ethnic or cultural groups may be defined as minorities, within local programme areas these groups may actually constitute majority populations. In such areas, information on targeting service delivery towards 'ethnic minority' or BME groups may not always be explicitly identified within evaluation reports, although programmes may still be actively tailoring services towards community needs.

5.1.3 Equally, where Sure Start communities are overwhelmingly or completely 'White British', the need to target BME families through specific interventions over and beyond encouraging involvement in mainstream Sure Start provision may not have been considered as a high priority or cost-effective approach to inclusion. In the latter case, the absence of specifically targeted interventions does not necessarily mean that needs within given communities are not being addressed through service provision.

5.1.4 The points noted above may help to explain the lack of SSLP evaluation reports focusing on the evaluation of work targeted at BME communities. A number of reports listed services or activities that have been specifically targeted at BME families, individuals or communities. However, in the majority of cases, these services were simply listed or described within reports with little evaluation of the services themselves.

## 5.2 Targeted Services

5.2.1 Adult language courses were the most common form of activities specifically directed at BME groups (see Box 5.1). Such programmes were particularly common in Sure Start areas that had substantial Pakistani or Bangladeshi communities. The following language services were listed in local evaluation reports:

- Two programmes used interpreters and arts or visual equipment to provide adult language development based activities.
- Three programmes reported dressmaking or sewing groups as a mechanism for aiding language development amongst women who spoke little or no English.
- Three reported the use of toy and book based activity packs as a way of simultaneously improving both child and adult language skills.

### **Box 5.1. Providing language classes for adults who are speakers of other languages**

One SSLP had a minority ethnic population of almost forty per cent and estimated that more than 30 languages were spoken within the programme area. A community survey revealed a significant demand for additional English for Speakers of Other Languages (ESOL) classes. The programme funded a number of English language courses and provided a crèche for 50% of classes (as a lack of childcare was identified in the survey as one of the barriers to participation in language classes). Uptake of ESOL classes has been very high and there are now more than 25 ESOL classes delivered each week in the SSLP area.

5.2.2 Following language courses, general social meeting groups or play groups were the next most common form of ethnically targeted services:

- One report evaluated feedback from an Albanian Women's Group. The reports cited meeting other people as the most positive aspect of the programme.

- One programme reported the existence of a separate Bangladeshi mother and tots group and a Somali mother and child group.

5.2.3 Other ethnically targeted services listed in local evaluation reports include:

- A bilingual breastfeeding support group for Bangladeshi women.
- A Bangladeshi Society parent/carer drop-in service.
- A speech and language support service to work with mainly 'Asian' parents, encouraging them to talk and interact with their children more often.
- A swimming session targeted at Muslim families.
- A 'self-esteem' training course directed at Bangladeshi and Pakistani women.
- Jewish mother and toddler groups with children's books in Hebrew and English.
- A Muslim mother and toddler group with Islamic reading resources.

#### **Box 5.2. Targeting services at Muslim families**

One programme currently runs a weekly weekend swimming session for Muslim families in the Sure Start area. This session alternates between being for fathers-only and for mothers-only. The evaluation report states that the sessions have been successful and draws attention to the importance of developing 'culturally specific and sensitive' services.

5.2.4 A number of programmes recognised either the lack of involvement from ethnic minority families in their programme, a lack of targeted services, or a lack of data on levels of ethnic minority involvement. In these cases, programmes usually stated that this was an issue that they wished to address. However, very few of these programmes gave detailed information in their evaluation reports about how they aimed to address these issues. For example, one local evaluation report recognised the need to develop

partnership working and referral systems so that asylum seekers and refugees receive more support from the programme, but gave no details in the report about how this would be achieved.

**Box 5.3. Attempts to meet the needs of local refugees and Asylum Seekers**

One evaluation report describes a weekly drop-in group for refugees and asylum seekers run by the SSLP. At the time that the evaluation report was written, the drop-in group had been running for about a year. The composition of those attending had changed significantly during this time with many of those with better English language skills leaving the group, as they no longer felt the need for intensive levels of support. The report states that many of those currently attending did not speak English and that communication with these families was sometimes difficult as a diverse number of languages were spoken. Where interpreters are used the group works well but this is not always possible because of the prohibitive costs.

Some staff members at this programme have also attended a training course to help them understand more about the asylum-seeking process and the rights of Asylum Seekers. The programme has also established links with refugee support groups and workers throughout the city and takes Sure Start families to events run by these organisations.

#### **Box 5.4. A needs analysis of Afghan families**

SSLP information identified local Afghan families as particularly difficult to engage in Sure Start services. In addition, local health services highlighted the difficulty that they had in encouraging Afghan families to access health support. The SSLP approached a local Afghan charity and worked in partnership with them to carry out a survey of the local Afghan population and their health needs. Volunteers from the charity conducted the survey.

Some of the survey's main aims were:

- To find out the exact numbers of Afghan families in the Sure Start area with children under four years of age.
- To conduct a needs analysis of Afghan children's social and health needs.
- To encourage Afghan families (parents) to register their children with Sure Start Acton and use their services.

Twelve of the 49 families surveyed had children below four years of age. Three of these families said that they were concerned about their children's speech and language difficulties and two were concerned about their children's physical development and progress,

A number of recommendations were made. These include, following up all of the surveyed families with children of Sure Start age to encourage engagement with Sure Start services and also encouraging outreach and home visiting services to target local Afghan families. The study also recommended that information on topics such as breastfeeding, the risks of smoking, child protection laws and children's rights be provided in the Pashtu and Dari languages.

### **5.3 Involving 'Hard to reach' families**

5.3.1 The 26 findings and annual evaluation reports that were reviewed following a search for the keywords 'hard to reach' on the NESS website were of limited use in compiling this report. A number of these reports make only a brief or cursory mention of issues related to 'hard to reach' individuals or groups, or to 'community engagement' issues. Reports also define 'hard to reach' in a number of different ways and some reports fail to define the term at all. In addition, some of the documents that contained more detail regarding programmes' approaches to engaging 'hard to reach' families do not list BME families as amongst the most 'hard to reach'.

5.3.2 A few local evaluation reports list the characteristics of those families who are considered 'hard to reach'. A small number of these reports list families from certain BME communities as 'hard to reach in their Sure Start area. Other identified 'hard to reach' groups' include:

- Young, white single-mothers.
- Families with an increased likelihood of involvement with the statutory care agencies.
- Families where there are domestic violence concerns.
- Young parents.
- Fathers.
- Teenage mothers.
- Parents that use drugs and alcohol.
- Lone parents (both mothers and fathers).

### **Box 5.5. Meeting the needs of 'hard to reach' families**

#### ***Example 1***

A public consultation was carried and included an explicit attempt to canvas the views of 'hard to reach' groups including minority ethnic communities, families with children with special educational needs and young mothers. Prior to starting fieldwork, the evaluators established contact with local organizations that worked with individuals and groups that the SSLP found 'hard to reach'. These included organizations that support refugees and Asylum Seekers and local BME communities.

A postal questionnaire was sent to more than 600 local families and a response rate of 22% was achieved. Interviews were also conducted with parents and 'professionals'. Interviewees included mothers who had been referred by health visitors or social workers and whose children had been experiencing a range of difficulties from speech and language delay to severe behavioural problems.

The report raised concerns that BME groups may not be accessing services in adequate numbers and suggested that the transition between pre-school and school is often problematic for children from 'hard to reach' groups, especially around language development. In one local school, for example, English is a second language for nearly half the children and approximately 38 different first languages are spoken. In this school, the report notes that that many children begin school unable to speak any English. In addition, the report states that language difficulties contribute to a lack of awareness of services and consequentially limited use of existing pre-school service provision.

The report points out that there was 'no coherent policy for referring families and following-up children' and that this might be contributing to difficulties in encouraging 'hard to reach' groups to access services. The



evaluators recommend that an 'integrated services' approach is taken to help remedy this and assist outreach work. The evaluators recommend that the SSLP focus on more effective outreach work, ensure that materials are translated into community languages and develop a comprehensive referral system for families who are Asylum Seekers or refugees.

### ***Example 2***

One SSLP conducted a community survey and attempted to ensure that 'hard to reach' families (as defined by the programme) were amongst those interviewed. More than 30 such families were interviewed and results indicated that a higher proportion of 'hard to reach' families than 'non hard-to reach' families, were satisfied with local services. There was however, no mention of ethnicity in the report or information about the ethnic background of interviewees.

## **5.4 Evidence of targeted outreach work.**

5.4.1 Only one local evaluation report cited evaluative evidence from targeted outreach work. Such information, however, was limited to general impressions of the quality of service offered by a Breastfeeding outreach worker amongst women registered with the service.

5.4.2 A small number of reports mention that they have outreach workers whose job it was to engage with various BME communities, although none of the reports provide evaluative evidence as to how effective this approach is. For example, one report stated that their programme employed a Refugee Support Worker. NESS experience of SSLPs suggests that a number of programmes do have outreach workers who attempt to engage with BME families. However, it would seem that either the work of such outreach workers is rarely evaluated or these evaluation reports have yet to be passed on to NESS.

### **Box 5.6. Targeting outreach work at BME communities.**

#### ***Example 1***

An evaluation of Breast-feeding rates in a Sure Start area in East London found that the difference between the pre-natal intention to breastfeed and actual breastfeeding was higher for Bangladeshi women than other women in the area. The local Healthcare Trust and Breastfeeding Network obtained funding from the Sure Start programme to provide breastfeeding support and education targeted at the local Bangladeshi community. The funding provided an extension to the ongoing work of two development midwives at the local hospital by facilitating outreach work at a local family centre. The project incorporated additional support for Bangladeshi women by providing training and supervision for a Bangladeshi breastfeeding peer support worker. The programme further intends to train up six further local women volunteers as breastfeeding peer supporters.

Telephone interviews were conducted with fifteen women (fourteen Bangladeshi and one of Pakistani origin) who had contact with the breastfeeding support worker. The evaluation recommended that in order to improve the breastfeeding support service, health professionals should employ more local women from different ethnic backgrounds to work across the Sure Start area.

#### ***Example 2***

In February 2004, two Postnatal Depression Advocacy Workers came into post as part of the health team of a Sure Start Project within the North West of England, one of whom speaks Urdu and Punjabi. The aim of their roles is to provide culturally appropriate care to South Asian women with Post-natal depression in the area, to provide ante-natal health care advice, and sign-post women to other services and local groups.

## **5.6 Difficulties associated with targeted service provision**

5.6.1 Across the majority of reports that contained information on specific services or projects targeted at BME families, the targeting of provision was generally viewed as a positive way to increase inclusion amongst BME families. However, two reports highlighted some of the potential pitfalls of such targeting (see Box 5.7). If targeted provision is not adequately integrated with other non-targeted mainstream Sure Start services there is a potential risk that support offered to some BME groups may become compartmentalized, or isolated, into specific projects. The confinement of BME groups to specific activity groups may consequently limit the depth of involvement and potential wider benefits of Sure Start for such families.

5.6.2 Forming effective links between targeted and non-targeted services and raising awareness of other service provision both amongst families and service providers were highlighted as ways to overcome these problems. At the same time, in order to fully involve all BME communities in Sure Start, it appears equally important that mainstream, non-targeted services be as inclusive and sensitive as possible to the requirements of local communities.

### **Box 5.7. Difficulties with targeted service provision**

#### ***Example 1***

One Sure Start Local Programme in the West Midlands ran a Muslim women's welfare group. Activities offered included ESOL classes, dressmaking sessions, and cookery workshops. The programme aimed to improve English language skills, provide a venue for social interaction and peer support, and increase confidence and employability. Although the service generally received positive appraisal from its participants, the evaluation highlighted how the integration of the project with other services appeared limited. The classes were not felt to be providing an effective gateway into other Sure Start services, and their rigid 'classroom style' format was regarded as an impediment to needs assessment work, and so potential referrals. Recommendations were consequently made to increase the course

coordinator's knowledge of other services and to develop a more proactive approach to referrals between services.

### ***Example 2***

Local area profiling showed how one Sure Start community in East London had a majority Jewish population (70 per cent), and a smaller, but significant Muslim population (15 per cent). A survey, which asked questions concerning awareness of Sure Start services highlighted that knowledge of the variety of services provided, was higher among Jewish mothers than Muslim mothers. Further evaluation of the publicity strategy suggested that, although considerable effort was going into the dissemination of information about Sure Start projects, this information was not reaching all of those in the community that could be reached.

Focus groups and in-depth interviews revealed that, apart from one Muslim-specific service that was known to all of the Muslim mothers interviewed, knowledge of the existence of other services was poor. Although referrals took place, a further lack of awareness of other provision provided by Sure Start among professionals working in specific services was highlighted as a potential barrier to a deeper involvement in Sure Start amongst Muslim mothers.

## **6. Conclusions**

### **6.1 Addressing need**

6.1.1 The local evaluation reports reviewed for this document demonstrate how local programmes are working to ensure they address the needs of their local communities. For many programmes it is apparent that this means attempting to address the needs of ethnically diverse populations. This report outlines a number of ways that programmes have attempted to do this – for example, through the use of bilingual or multilingual workers, targeting of Sure Start services, the provision of English language classes, and the utilisation of community consultation and ethnic monitoring information. However, as noted in the introduction, there is a scarcity of evaluation activity that focusses specifically on BME communities. Evaluations by SSLPs tend to address specific services or PSA targets rather than particular populations. This service/target focus would appear to explain the paucity of evaluation reports focusing on BME families.

6.1.2 One notable observation when surveying the present body of evaluation reports is that, where programmes either describe or evaluate attempts to encourage BME families to engage with Sure Start services, these attempts are predominantly targeted at BME families and communities of South Asian origin. Very few reports describe specific efforts to engage with, or target services at African or African-Caribbean communities, although in some cases these groups appear to constitute a significant proportion of Sure Start programme populations. BME communities therefore should not be viewed as a homogeneous whole. The diversity both within and between ethnic and cultural groups should not be overlooked, and neither should the diversity of the majority population. Different BME communities within particular Sure Start areas may hold varying cultural, religious, and linguistic experiences, which local programmes need to sensitise their services provision to, if such communities are to be fully engaged.

## **6.2 Recommendations from local evaluation reports**

6.2.1 A small number of the local evaluation reports that were examined for this document contain recommendations made by the authors for how the SSLP should proceed in order to more effectively meet the needs of local BME families. Although these recommendations generally appear reasonable, in most cases it is not clear precisely how they have been arrived at when one examines the evidence in the report, or the recommendations are based on very limited or anecdotal evidence.

6.2.2 Recommendations from SSLP evaluation reports include:

- The SSLP should employ a BME Community Development Worker to help 'empower' the local community (1 report).
- Based on anecdotal evidence that families from the Bangladeshi community tend to use a limited range of Sure Start services, a range of strategies are said to be needed to encourage service use by Bangladeshi families, including the employment of workers from the Bangladeshi community to overcome cultural and language barriers (1 report).
- The SSLP should develop and sustain relationships with community organizations, especially those that are trusted by minority ethnic groups (1 report).
- The SSLP should increase the ethnic diversity of its staff (1 report).
- The translation of publicity materials may encourage participation in non-targeted Sure Start activities (2 reports).

6.2.3 Some reports further highlighted a potential tension between the pros and cons of target provision. Although such services may present a focused effort to involve BME families it is important that, through linkages with other services, ethnic minority families do not become confined in such programmes away from mainstream Sure Start provision. Other studies make the point that an inclusive ethos and strategy for involvement across mainstream Sure Start provision may be necessary to facilitate fuller participation in Sure Start from all ethnic groups.

6.2.4 As noted earlier, this synthesis report only brings together findings from those reports that NESS has received from SSLPs and may not reflect the entirety of relevant evaluation work conducted by local programmes. Further many more programmes may not have evaluated specific strategies directed at BME families. It is likely that SSLPs are doing far more work to meet the needs of BME communities than is presented in their local evaluation reports. Where SSLPs are working to engage BME families, it is important that this work is evaluated and where evaluations have taken place, evaluation reports are disseminated. Such evaluations would benefit from an outcomes-focus, examining the impact of attempts to engage with BME communities.

6.2.5 As the Children's Centre agenda moves forward, evaluation focused on outcomes rather than process takes on increasing importance, allowing Children's Centres to learn from the experiences of SSLPs. As the Children's Centre Phase 2 Planning Guidance (2006-08) states, Sure Start programme local evaluations should: "focus more on short-term outcomes and ensure their evaluations help to generate information that assists with the transition to, and implementation of, children's centres."<sup>6</sup> These could and should include more attention to the needs of BME families in SSLP areas.

## Appendix. Programme reports covered and each report's focus

Region	Programme	Report title	Report contains					
			Area Ethnic Profile	Monitoring & User/ Non User Studies	User Satisfaction	Inclusion & Partnership Working	Hard to Reach families	Targeted Services
1. Barking & Dagenham	Abbey	Annual Evaluation Report, 2004			✓			
2. Barking & Dagenham	Marks Gate	Annual Evaluation Report, 2004						✓
3. Barnsley	Bolton & Goldthorpe	Community Satisfaction Survey, 2004			✓		✓	
4. Birmingham	Small Heath	Evaluation for Sure Start Small Heath, 2003-04	✓	✓				
5. Blackburn with Darwen	Blackburn West	Year One Evaluation Report, 2005						✓
6. Bradford	Barkerend	A Qualitative Study to Investigate Factors Affecting Efficiency of the Physiotherapy Home Visiting Service						✓
7. Bradford	Keighley	Keighley Sure Start Programme Local Evaluation, August 2004						✓
8. Bradford	Manningham	User Satisfaction Survey, 2004		✓	✓			
9. Bradford	Manningham	An Investigation into the Effectiveness of Manningham Information Van	✓					
10. Bradford	Shipley	Bradford Sure Start Shipley Programme Local Evaluation, 2004		✓				
11. Bradford	West Bowling	Sure Start West Bowling Local Evaluation, September 2004	✓					✓
12. Bradford	West Bowling	Sure Start West Bowling User Satisfaction Survey, 2005		✓				



Region	Programme	Report title	Report contains					
			Area Ethnic Profile	Monitoring & User/ Non User Studies	User Satisfaction	Inclusion & Partnership Working	Hard to Reach families	Targeted Services
13. Brent	Roundwood	Annual Evaluation Report, July 2004		✓				
14. Brent	South Kilburn	Evaluation of Sure Start South Kilburn EAL Project, March 2004						✓
15. Burnley	Duke Bar Burnley Wood	Annual Evaluation Report, 2005						✓
16. Bury	Redvales	Three Year Evaluation Report, March 2005						✓
17. Calderdale	North Halifax	Evaluation Report, 2003	✓					
18. Calderdale	West Central Halifax	Sure Start West Central Halifax Service User Evaluation			✓			
19. Calderdale	West Central Halifax	Parent Craft? What's That? The views of the Community of West Central Halifax		✓				
20. Cambridge	Cambridge	Parent/ Carer Satisfaction Survey, 2004	✓	✓				
21. Camden	Euston	'Parents Tell it How it is': Findings of a Survey of Families Aged 0-3 Years Living in the Regent's Park Ward of Camden (2001)			✓			

Region	Programme	Report title	Report contains					
			Area Ethnic Profile	Monitoring & User/ Non User Studies	User Satisfaction	Inclusion & Partnership Working	Hard to Reach families	Targeted Services
22. Dudley	Kates Hill & Sledmere	Kates Hill & Sldemere Sure Start Evaluation Phase Two				✓		✓
23. Ealing	Acton	Sure Start Acton Summary Evaluation Report for the Period April 2002-December 2004			✓			
24. Greenwich	Woolwich Riverside & Glyndon	Evaluation Annual Report, March 2004	✓					
25. Hackney	Haggerston	Haggerston Sure Start: Evaluation Year One December, 2003	✓	✓				
26. Hackney	Stamford Hill	Evaluation of Sure Start Stamford Hill, 2004		✓				
27. Haringey	High Cross	High Cross Sure Start Local Programme: Annual Evaluation Report, 2004.			✓			
28. Haringey	Park Lane	Monitoring & Evaluation Report on the Albanian and Kosovan Story Telling Group						✓
29. Haringey	Roundway	Annual Evaluation Report, 2005	✓		✓			
30. Haringey	Roundway	Life in Roundway (September 2004)		✓	✓			
31. Herefordshire	Leominster & Kingston	Sure Start Leominster and Kingston User Satisfaction Consultation		✓	✓			

Region	Programme	Report title	Report contains					
			Area Ethnic Profile	Monitoring & User/ Non User Studies	User Satisfaction	Inclusion & Partnership Working	Hard to Reach families	Targeted Services
32. Islington	Hilmarton	Survey of Registered Non-Users, August, 2004		✓				
33. Kingston-upon-Hull	Myton St Andrews	Annual Report, 2004		✓				
34. Kirklees	Deighton & East Fartown	Deighton & East Fartown Sure Start Baseline Survey			✓			
35. Lambeth	Larkhall	Annual Evaluation Report, January 2005	✓					
36. Lambeth	Stockwell	Annual Evaluation Report, January 2005	✓					
37. Leeds	Bramley	Three Year Evaluation Report		✓		✓		
38. Leicester	Beaumont Leys & Stocking Farm	2004 Evaluation Report			✓			
39. Merton	Lavender	Final Report on Public Consultation with Parents and Carers, 2003			✓			✓
40. Middlesbrough	Thorntree and Brambles Farm	Middlesbrough, Thorntree and Brambles Farm Evaluation Report, 2002		✓				
41. Newham	New Town & Park	Supporting Parents: An Evaluation of the First Year of Sure Start New Town and Park, 2004		✓	✓			
42. Northampton	Northampton	Local Evaluation Report, 2003-4				✓		✓
43. Norwich	Catton Grove, Fiddlewood & Mile Cross	Year One Report, January 2004	✓					

Region	Programme	Report title	Report contains					
			Area Ethnic Profile	Monitoring & User/ Non User Studies	User Satisfaction	Inclusion & Partnership Working	Hard to Reach families	Targeted Services
44. Oldham	Werneth, Freehold & St Johns	Annual Report, 2004	✓	✓				
45. Peterborough	First Steps Peterborough	Sure Start First Steps Evaluation 2003/4			✓			
46. Preston	Preston Central	Sure Start Preston Central User Satisfaction Survey (2004)			✓			
47. Redbridge	Loxford	Muslim Women's Welfare Association Spotlight Evaluation						✓
48. Redcar & Cleveland	West Redcar	Community Satisfaction Survey, 2004		✓				
49. Redditch	Redditch	Playing for Health & Healthy Play: A Report into Pakistani Families Taking up Children's Services in Redditch		✓				
50. Rotherham	Rotherham Central	Report on the 2003 Consultation with Parents and Carers		✓	✓			
51. Sandwell	Burnt Tree Park & Templeway Estates	Stay and Play Review, 2004		✓				
52. Sandwell	Rowley	Running an Enhanced Play Session- Lessons from the Pilot						✓
53. Sheffield	Tinsley	Summary Evaluation Report 2002-2005	✓					
54. Sheffield	Tinsley	Annual Evaluation Report, 2004						✓
55. Slough	Britwell & Northborough	Three Year Evaluation Report 2000/2004	✓	✓				
56. Southampton	Southampton Central	Evaluation of Library Services 2003/2004		✓				✓

Region	Programme	Report title	Report contains					
			Area Ethnic Profile	Monitoring & User/ Non User Studies	User Satisfaction	Inclusion & Partnership Working	Hard to Reach families	Targeted Services
57. Stoke-on-Trent	Shelton, Cobridge & Hanley	Evaluation of Time- In Time- Out (2004)	✓					
58. Stoke-on-Trent	Shelton/ Cobridge/ Hanley	Evaluation of Shelton/ Cobridge / Hanley Women's Sewing Group		✓				✓
59. Stoke-on-Trent	Stoke-on-Trent North	Food and Health Report on Asian Weaning Project- March 2005						✓
60. Sutton	Circle Sure Start	Local Evaluation Final Report, 2004	✓		✓			
61. Tameside	Hyde	Annual Evaluation Report for 2004	✓	✓				
62. Tower Hamlets	Ocean	An Interim Evaluation Report- The Sure Start on the Ocean Programme	✓	✓				
63. Tower Hamlets	Ocean	Evaluation of Sure Start on the Ocean Bilingual Breastfeeding Support						✓
64. Tower Hamlets	Ocean	A Report on the Evaluation of the Health Projects						✓
65. Waltham Forest	Higham Hill	Reaching Hard to Reach Families: An Evaluation for Sure Start Higham Hill					✓	
66. Waltham Forest	North Leyton	Involving Fathers: North Leyton Sure Start Local Evaluation 2004 (2 <sup>nd</sup> draft)					✓	✓
67. Wolverhampton	Village Eight, Wolverhampton	Parent/ Carer Satisfaction Survey, 2004	✓		✓			
68. Wolverhampton	Wolverhampton East	Parent and Carer Service User Findings, July 2004	✓		✓			

Region	Programme	Report title	Report contains					
			Area Ethnic Profile	Monitoring & User/ Non User Studies	User Satisfaction	Inclusion & Partnership Working	Hard to Reach families	Targeted Services
69. Worcester	Worcester Centre	Sure Start Worcester 2004 Three Year Plan						✓
70. Westminster	Church Street	Second Annual Review, 2002/2003		✓		✓		✓
71. Westminster	South Westminster	Evaluation of the Big and Small Sessions		✓			✓	

<sup>1</sup> Pascal, C. & Bertram, T. (2004) Sure Start: For Everyone, Inclusion Pilot Projects Summary Report, DfES, May.

<sup>2</sup> Fitzgerald, R., Finch S., Blake M., Perry J., & Bell (2002) A. Fifth survey of parents of three and four year olds and their use of early years services DfES.

<sup>3</sup> Characteristics of Sure Start Local programmes 2001/01. <http://www.ness.bbk.ac.uk/documents/activities/lca/399.pdf>

<sup>4</sup> NESS (2002) Early Experiences of Implementing Sure Start, National Evaluation of Sure Start, June. The full report can be downloaded from the NESS website at: [www.ness.bbk.ac.uk/documents/Activities/Implementation/157.pdf](http://www.ness.bbk.ac.uk/documents/Activities/Implementation/157.pdf)

<sup>5</sup> Brodie, I (2003) The Involvement of Parents and Carers in Sure Start Local Evaluations, National Evaluation of Sure Start, February.

<sup>6</sup> A Sure Start Children's Centre for Every Community: Phase 2 Planning Guidance (2006-08), DfES, July 2005. [http://www.surestart.gov.uk/\\_doc/P0000457.doc](http://www.surestart.gov.uk/_doc/P0000457.doc)