Rotherham District
Sure Start Rawmarsh

Spotlight Project Evaluation
Family Support Team

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Introduction

Three services were ‘spotlighted’ by the Sure Start Rawmarsh partnership for individual evaluation, as part of the wider Sure Start evaluation. These services are the family support team, CHAT (Confidential Health Advice for Teenagers), and the health visiting team.

This report focuses on the service evaluation of the family support team as it relates to the provision if its services to families in the Sure Start Rawmarsh area.

The purpose of the evaluation is identify the effectiveness of the family support team, including:

- service quality
- cost effectiveness
- how well these work with other agencies
- whether these support the achievement of Sure Start objectives and key principles

The spotlight report notes a number of successes and strengths of the family support team, in particular:

- Excellent work with regard to fathers, demonstrating the value of having a male family support worker to engage with fathers in the area and act as bridge to the services offered by Sure Start programmes.

- Multi-disciplinary working, for example with health visitors, the speech and language therapist and the physiotherapist, enabling a more integrated client-focused approach to service delivery.

The report recognises that some work to help better co-ordinate multi-disciplinary service packages for families might also have some benefit.
Methodology

The evaluation of the family support team utilised a number of methodologies intended to develop a comprehensive picture incorporating each of the services provided by the team.

The methodologies adopted sought to assess the family support team in relation to a number of factors:

1) Degree of integration into the wider Sure Start partnership; including the extent to which they support the achievement of Sure Start objectives and key principles

2) Efficacy of partnership working with external agencies, such as associated voluntary and community bodies

3) Success in involving clients in design and delivery of services.

4) Overall quality of services

5) Cost indicators for services

In terms of exploring the issues around point 1-4, we undertook background and desk-top research, qualitative and quantitative analysis of data and interviews with the health visiting team and service users.

A variety of evaluation methodologies have been employed and include:

- **Family Support team focus group** (22\(^{nd}\) July 2003) 2 hour semi-structured interview was conducted with Julie Ridge and Steve Chapman

- **Second family support focus group** (13\(^{th}\) August 2003) 2 hour semi-structured interview was conducted with Shirley France and Claire Sayles

- **The community survey** enabled 198 parents’ views to be accounted for in assessing family support services

- **Provider questionnaire.** An evaluation questionnaire was completed by 12 Sure Start service providers asking them to assess the service being provided by a number of Sure Start services, including the family support team.
In terms of 5, unit cost analysis was undertaken by using the basic unit cost model which deduces what the average cost of a contact by reference to the total Sure Start contribution, using the average number of young people supported in a given week. To enable comparison of unit costs for the purposes of assessing cost effectiveness, the following unit costs are provided:

- NHS community nurse specialist for HIV/AIDS studied as part of *Unit Costs of Health and Social Care 2002*¹, albeit with an inflation uplift assumption of 6% year on year in the costs of such a nurse.

¹ PSRRU, *Unit Costs of Health and Social Care 2002*
An overall picture

The Sure Start Rawmarsh family support team is comprised of three family support workers, (Julie, Steve and Shirley) and two nursery nurses (Claire and Debs).

The family support team provide a range of services including home visits and the provision of a range of activity and support groups.

- 1:1 support work. Family support staff state that 46 families are in receipt of support from family support staff. Support is offered by both family support workers and nursery nurse. Caseloads per family support worker are estimated as between 8 and 10 families.

Staff agreed that the priority for their work is 1:1 work and is the focus for their activities, with Steve and Julie indicating that they average about 10 hours a week of 1:1 contacts with clients.

Family support staff indicated that 1:1 sessions are entirely client led and the time allocated to clients is related to their expressed level of need. Thus, staff stated that parents with higher levels of need have received up to 3 sessions of support per week, whilst others are visited on a more infrequent basis. Additionally, the length of time support is offered is dependent on the client with some parents wanting only a very few number of visits, whilst others seek support over a year or more.

Family support workers and nursery nurses deliver many groups, often run in conjunction with other service providers such as health visitors, the physiotherapist and the speech and language therapist. Through 2003, the range of services offered has included:

- **Busy Bees** (2 sessions of 2 hours, delivered from the Sure Start Monkwood premises and from Salvation Army premises in Rawmarsh) to promote the physical development of children. The service is run in conjunction with physiotherapy services. Attendance at both sessions is high with around 10 to 15 clients at the Monkwood session and 15 to 20 attending the Salvation Army venue.

- **Chatterbox** (2 sessions per week, delivered from the Sure Start Monkwood premises and from the Ramwarsh Children’s Centre) to promote language and communication development. The service is run in conjunction with the speech and language
therapist. Attendance varies between the two venues with around 8 clients per session at Monkwood, and up to 8 at the Children’s Centre.

- **Toy library** (2 sessions per week, delivered from Monkwood and from the Children’s Centre). Attendance varies somewhat between the two venues with around 8 clients attending the Monkwood session, and between 10 and 15 attending the Children’s Centre session. Staff noted that parents are not fully utilising the toy borrowing aspect of this service and are tending to treat it as an additional play session with support. Staff are exploring ways to encourage families to borrow toys.

- **Pat-a-cake** (a parent and toddler group run once per week from Rawmarsh library). The session is intended to promote usage of the library but staff felt that it was being used more as an additional play session by parents. Attendance was described as about 8 clients per session.

- **Baby group**. This service is run in conjunction with the Sure Start health visiting team and is held once per week from the Monkwood premises. The session incorporates baby weighing but it is also used as a means by which to identify wider concerns among new parents. Parents are also encouraged to meet other parents and build social and support networks.

- **Tots to Twos**. This is an extension of Bumps and Babes and provides a service to children aged 6 months to 2 years and their parents. The service encourages parents to play with their children. The service runs once per week for 2 hours and is typically attended by around 13 parents and their children.

- **Rawmarsh Dads**. Sure Start Rawmarsh has enjoyed considerable success in its outreach work with fathers in the area through employing a male family support worker, Steve Chapman who set up Rawmarsh Dads. The Dads group involves a once a week session for 2 hours on a Monday morning which typically is attended by 4 or 5 fathers, a Wednesday night football session (with around 15 attendees) and Saturday events which have been attended by 10 and above clients. In addition to these activities, fathers have also engaged in other sports activities, fund-raising initiatives for the programme, and were responsible for creating the garden at the Children’s Centre.

- **Webster Stratton Training**. Family support workers have trained in, and now run a Webster Stratton course aimed at promoting
positive parenting. The training is a 12 week intensive course that promotes praise of children, social skills and the development of coping strategies to deal with situations that relate to children.

- **Parents Panel.** Family support workers assist in the running of the Sure Start Rawmarsh Parents Panel which meets monthly. On average the panel is attended by around 12 parents. Parents on the Panel have been given training in committee skills and were subsequently supported in the development of their own constitution. The Panel provides parental input into the programme and was seen as an invaluable source of information, both praising where things have gone well, and providing astute criticism where necessary.

- The family support team also assist in a range of one-off and seasonal projects:
  - Day trips – support staff were involved in a series of popular day-trips run by the programme to a variety of destinations
  - Holiday play schemes

In addition to these activities, family support workers and nursery nurses attend other groups and sessions being run, wherever possible. By attending a range of other groups, they are able to promote Sure Start services to parents, and develop a fuller understanding of the range of activities run by Sure Start, and get to know parents who are using Sure Start services.
Service Evaluation

Cost of service

As is the case with similar family workers at the sister programme, Sure Start Maltby, such roles are somewhat difficult to determine, as a result of the great range of services on offer by the family workers. Typical family support workers are unlikely to deliver such an extraordinary range of services to local families, tending to be more focussed on 1:1 casework approaches, supplemented with some specific targeted group sessions.

*Unit Costs of Health and Social Care 2002 (p.130)* identifies that on average about 59% of the time of family workers involves direct contact with clients, while the remaining time is liaising with other agencies (13%), travelling (14%), staff development (5%) and administration and other (9%). On this basis, the average cost of a family worker generally is £30.16 for a contact hour and £17.68 for a basic hour (inclusive of overheads and their training costs and 4% inflation uplift assumptions). This is a reduction on average costs in the previous year.

Removing the impact of overheads, the contact hour cost is £23.82 and the basic hour cost is £14.01.

Using similar ratios for the family workers at Sure Start Rawmarsh and 60% of the Sure Start Rawmarsh revenue contribution for the family team, the Sure Start Rawmarsh family workers are £17.13 per contact hour and £11.42 for a basic hour. This is about 28% cheaper than the average contact hour cost for family support workers and 18% cheaper than the average basic hour cost of family support workers generally.

Using comparisons with other family support services, including Home-start at Maltby and a NCH family support service in another Sure Start area, which has a similar demographic profile, the Rawmarsh family workers appear to provide very good value for money.

<table>
<thead>
<tr>
<th>Family workers Rawmarsh</th>
<th>Family workers Maltby (inc 4%)</th>
<th>NCH family support (anon)(inc 4%)</th>
<th>FSW (Unit costs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.13</td>
<td>17.01</td>
<td>15.67</td>
<td>23.82</td>
</tr>
</tbody>
</table>
Integration into Sure Start Partnership

Ensuring co-ordinated packages of care for local families

The family support team have developed effective partnerships with a range of other agencies within the Sure Start Rawmarsh team and more broadly.

A number of groups that involve the family support team incorporate elements of co-working, thus the family support team routinely work alongside:

- the speech and language therapist
- the physiotherapist
- health visitors
- Community Midwife

While group work (such as Chatterbox, Busy Bees and the Baby Group) involve closely co-ordinated joint working with other agencies, the family support team also engage in a considerable amount of informal co-working. The family support team felt that Sure Start functioned in such a way that they felt able to attend any other service and could “pitch in” where and when necessary.

While family support workers and nursery nurses felt that they enjoyed a successful working relationship with all other Sure Start staff, as noted in the spotlight report on health visiting, health visitors felt that co-working could be better co-ordinated. Health visitors felt that information about clients that family support staff were engaged with was not always being passed on to them, causing concerns about the effective co-ordination of service packages.

As identified in the spotlight report on health visiting, strategies that promote closer co-working between family support and health visiting, might be useful for Sure Start Rawmarsh. Other Sure Start programmes have adopted strategies, such as:

1. Sure Start Ore Valley holds multi-disciplinary monthly case meetings where families receive services from at least three different services as a means of ensuring co-ordination and avoiding duplication or working at cross purposes.

2. Sure Starts Holloway and Copenhagen have a co-ordinator to oversee the work between different providers ensuring that
multi-disciplinary responses are appropriately co-ordinated to avoid duplication and working at cross purposes.

Working within the partnership

While working within Sure Start was very positively received, family support workers based at Monkwood did describe themselves as being “out on a limb”. This was due to separation from the Children’s Centre which they identified as the hub of Sure Start activities and work.

Given the degree of concentration of activity at the Children’s Centre, staff indicated that they felt overlooked to an extent and so there was a slight feeling of “them and us” developing. The sense of a disparity between Monkwood and the Children’s Centre was emphasised by family workers as evident in the lack of administrative support for staff at the Monkwood site. Moreover, they felt that information that is to hand at the Children’s Centre is more difficult to obtain at Monkwood, especially as it pertains to clients and so can impede the delivery of services.

While staff identified isolation as an issue, they emphasised that they did not think that this meant that services suffered accordingly.

The issue of communication between the Children’s Centre and Monkwood, while having a limited impact on clients at the moment, requires some addressing. This could include strategies such as those at Sure Starts Copenhagen, Holloway and Ore Valley, or exploring having workers work at different sites at different times to encourage team working. Given plans for a possible Sure Start venue at Sandhill such strategies could equally apply there.

Family support staff identified a range of other strengths, areas for improvement and issues concerning working within the programme:
Table One: Areas of strength and areas for improvement

<table>
<thead>
<tr>
<th>Area</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Strengths**                      | • Communication  
• Strength of the Sure Start team  
  - ability to draw upon the expertise and experience of a multi-disciplinary team  
• Excellent working relationship between all staff  
• Developing good practice that can go on to inform mainstream services  
• Staff provide a support network for one another  
• Sure Start Children’s Centre has given the programme a tangible presence in the community and has promoted identity of the programme |
| **Improvements**                    | • Need for a presence in the Sandhill area  
  - need more services to be delivered for parents in this area  
• Lack of administrative support for Monkwood office |

When asked to identify the best things about the programme, the family support staff emphasised the multi-disciplinary nature of working leading to a broad range of services being offered, and the fact that the programme is a partnership with parents.

**Referral process**

Family support staff indicated that the majority of referrals to their team came from the Sure Start Health Visiting team. They indicated, however, that they received referrals from across the Sure Start programme and also from local schools with whom they share a good working relationship. Members of the team also indicated that some referrals are received from statutory service providers, largely from social workers.

Some referrals to the family support team are in the form of self-referrals but these were seen as being occasional inputs to the team and do not constitute a significant proportion of their workload.

Members of the family support team described both a formal and informal system of referrals. Much of the initial process is through the groups run where a member of the family support team will conduct a quick assessment to see whether there is any need. Sure Start staff often request a drop-in by a member of the family support team to their groups in order to carry out such informal assessments to see whether family support services are appropriate for them.
If a referral is deemed necessary or appropriate, formal channels are utilised with a referral completed that is submitted to Maggie Whitfield, Programme Manager. The referral form is logged and an appropriate caseworker allocated. This process ensures that formal referral processes are monitored to a very high standard.

Where a referral is made, the team try to contact the client within 48 hours and complete an assessment within a week of the initial contact with the family support team. While they could not say absolutely, the team felt that they were “normally” able to meet these internally set deadlines.

Staff stated that onward referrals from the family support team are not often made and this is reinforced by local parents in the findings of the parental survey.

The level of onward referrals would seem in part to reflect the informal working nature of the team, who stated that they tend to ask other members of the Sure Start team to make quick evaluations of parents and their children, rather than going through formalised channels. This is consistent with the preventative nature of service provision.
Service Quality

Satisfaction with services

In the parent-led survey of local parents, 26 parents provided their views of the family support team and indicated their satisfaction with the service they had been provided.

The results are very positive for the family support service with 92% of respondents who had used this service Satisfied to Very Satisfied. While 8% of parents were Unsatisfied, this equates to a total of 2 parents.

The results for the family support are given at Chart 1 against other family support and related services in the Sure Start Rawmarsh area.

Chart 1: Parental evaluation of family support services

A subsequent question in the community survey regarding the favourite family support service of parents produced one citation for family support services, making it the sixth most commonly cited service. The full list of favourite services cited is given at Table 2.
Table 2: Family support and other service of respondents

<table>
<thead>
<tr>
<th>Family support and other service</th>
<th>Position</th>
<th>Number of citations</th>
<th>Percentage of survey population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks/play areas</td>
<td>1</td>
<td>8</td>
<td>4.0</td>
</tr>
<tr>
<td>PATCH</td>
<td>2</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>Yoga</td>
<td>3</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>Rawmarsh Dads</td>
<td>3</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>Bums and tums</td>
<td>4</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Grandparent Group</td>
<td>4</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Public transport</td>
<td>4</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Post natal depression support</td>
<td>5</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Mum and dads to be group</td>
<td>5</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Breast pump loan scheme</td>
<td>6</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Family learning</td>
<td>6</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Family Support Worker</strong></td>
<td>6</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

While there was only one direct citation of family support workers, the results do demonstrate that the work of the family support team is appreciated through the various projects they are engaged in running. Thus Rawmarsh Dads was cited by 4 parents for example.

In terms of indicating why family support services were appreciated, a comment provided by a parent indicated that they had valued the support that they had been given:

*The family support worker was great and helped me a lot in the past to put things right.*

When parents were additionally asked to identify services that they felt were in need of improvement, family support workers received only a single citation. The results are set out at Table 3.

Table 3: Family support and other service needing most improvement

<table>
<thead>
<tr>
<th>Family support and other service</th>
<th>Number of citations</th>
<th>Percentage of survey population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks/play areas</td>
<td>17</td>
<td>8.6</td>
</tr>
<tr>
<td>Public transport</td>
<td>11</td>
<td>5.6</td>
</tr>
<tr>
<td>Yoga</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Family Support Worker</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

The respondent who suggested the service needed improving provided a comment to indicate why they thought this was the case:
Family support – I don’t feel I received the support I needed for my postnatal depression.

Staff anecdotally reported very positive feedback about groups from parents. Members of the family support team have developed a system of informal feedback about their services and use word of mouth in order to shape services. As one family support worker noted, ultimately the success of their services are determined by the fact that people attend their services.

**Recommendation**

1. While services are appreciated and feedback about services is gathered, the family support team could look to developing more independent processes for gathering feedback.

   While verbal feedback is a useful tool, it can have the effect of skewing results towards those more confident and outspoken parents, and also does not allow for baseline data to be collected and for progress to be assessed against this baseline. The team could look at using written questionnaires or having another member of Sure Start Rawmarsh interview parents by telephone using a structured questionnaire.

**Impact**

Family support staff felt that the impact of services was varied, whilst being generally positive.

Staff felt that some groups were working to maximum capacity, in particular Busy Bees and Chatterbox, and therefore were meeting the need of parents in the area.

The Toy Library was identified as needing more promotion and was not felt to be used widely among parents across Rawmarsh. Where it was being utilised, it was as a general play session and few parents were borrowing the toys. As such it was felt that the service could be used to better effect, and staff were looking at ways to maximise the impact of this service.
In terms of attendance at 1:1 sessions, staff noted that attendance rates varied widely according to the client they are working with. Thus Shirley reported a fairly high level of no shows at appointments and/or refusal to open front-doors but felt that this was intrinsic with working with families with high levels of need. It often requires repeated visits to accomplish a single visit with some clients.

Attendance rates over the life of the programme have been fairly static and this was felt to be a manifestation of the nature of their client group.

The team noted that they had made efforts to engage with asylum seekers and refugees in the Rawmarsh area, but that success had been fairly limited to date and that take-up by this group was generally very low.

The level of take-up of services was felt to be the result of the time involved in developing trust with Sure Start and its staff. The family support team felt that they were increasingly recognised by parents in the area and that knowledge of Sure Start is spreading, which was translating into greater numbers of service users. As one noted:

*Sure Start is not seen as threatening. We are seen as an open door service and accessible to all. People know we are not Social Services and so react accordingly.*

Some concerns were expressed about whether other agencies fully understand the nature of Sure Starts. Although it is not clear to what extent other agencies are misinforming parents about the nature of Sure Start, it is an issue that the programme should be aware of and should make efforts to monitor. To ensure that other agencies are not passing on misleading information to their clients, it would seem appropriate for Sure Start to engage in promotional work not solely among its client base, but also among professionals in Rawmarsh and the wider area. This could include a service directory, as happens at Sure Start programmes in Islington and Haringey.

Staff on the family team felt that Sure Start had generally had had a very positive effect on parents and their very young children in the Rawmarsh area, but held doubts about the long-term mainstreaming prospects of the service. Staff stated that they had “a long way to go” in making other services aware of Sure Start and its working practices. It was felt that awareness of Sure Start was limited to managers of other agencies, but had not yet trickled down to front-line staff. It was this lack of knowledge among front-line staff they felt that led to some professionals describing the programme as being one for “deprived parents”.

Sure Start Rawmarsh
Family Support Team Evaluation
However, within the context of Children’s Centre development, the expectation is that such models of working will be effectively maintained.

Service providers were asked to assess the work of the family support team using their professional judgement and experience.

Table 4: Service providers assessment of family support team

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rating of family support services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Good</td>
</tr>
<tr>
<td>Client friendly times for service</td>
<td>7</td>
</tr>
<tr>
<td>Easy for client to get to service</td>
<td>7</td>
</tr>
<tr>
<td>Friendly service</td>
<td>8</td>
</tr>
<tr>
<td>Professional service</td>
<td>8</td>
</tr>
<tr>
<td>Improves child development</td>
<td>7</td>
</tr>
<tr>
<td>Improves parent skills</td>
<td>7</td>
</tr>
<tr>
<td>Family support team provide feedback about clients to other relevant service providers</td>
<td>5</td>
</tr>
<tr>
<td>Family support team make referrals to other relevant service providers</td>
<td>6</td>
</tr>
</tbody>
</table>

The assessment of service providers is extremely positive with the majority of respondents indicating that each factor cited was Very Good. In particular, service providers noted the friendliness of the service provided and the professionalism of the family support team.

Additional quotes provided by respondents to the community survey serve to illustrate the affect that the work of the family support has had on their lives and the lives of their children:

- I don’t know how I could have coped without Sure Start. It’s my regular weekly routine. Being a single parent with not much money it’s brilliant, help with equipment, cheap trips which would be impossible without Sure Start.

- Since starting at Dads groups with Steve on Mondays, I have raised funds by cycling the TPT route, become a Parent Panel representative and also attended more baby / toddler classes. This has also helped in my own personal development as well as my children’s development. Sure Start is an asset to this area, without it I would have moved a long time ago.

- Without Sure Start I would be sat at home like a cabbage.