The contribution of Sure Start Church Street in reducing referrals to Children and Families Social Services.

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Background

The need for prevention, early identification and active support for children and families with increased vulnerability has become prominent in the last few years across a range of agencies (e.g. education, health, and social services). Providing families with the right help, at the right time has become a key element in the government's plans to reduce social exclusion. Specific strategies have included work to benefit children through improving their access to early learning, health services and social development. Further, there has been a raft of parallel initiatives introduced to benefit children indirectly through improving the economic situation of parents and the development of competencies in relation to parenting. To this end Sure Start plays as important role in the strengthening of support to families and communities, particularly at times of change, challenge or crisis. This is of vital importance in ensuring that all children have the best start in life when they go to school and in later life, thus breaking the cycle of disadvantage.

Aim

This evaluation aims to help Sure Start Church Street to assess its impact on referrals to the local Children and Families Social Work Team. The evaluation will:

- Identify patterns and trends emerging from a comparison of data supplied by Social Services on Sure Start eligible children referred to the Children and Families Team with their uptake of Sure Start services;
- Examine the extent to which these specific children are being reached by the Sure Start programme;
- Make recommendations based on key findings;
- Disseminate findings to a broad audience, including publication on the National Evaluation of Sure Start web site.

Scope of the Evaluation

Sure Start local evaluations are by their nature small and focussed. This helps local programmes draw 'bite sized' lessons and implement change based upon local evidence of what is known to work well. This evaluation is intended to start an ongoing discussion about the contribution of Sure Start to some of the most 'needy' families in the area, including preventative work to reduce the need for social work referrals and support to those who may seek or require statutory input. This short evaluation also highlights issues requiring further investigation, particularly those issues emerging as a result of findings drawn from the data but outside of the scope of this particular piece of work.

Methods

- Retrospective profiling of all referrals for Sure Start eligible children to the Westminster Children and Families Social Work Team covering the periods 2002/03 and 2003/04 (data taken from SSID);

- Comparison of Social Services referral data with children appearing on the Sure Start database between September 2000 and March 2005;

- Retrospective profiling of data taken from the Sure Start weekly allocations meeting* and comparison of these children with those referred to the Children and Families Social Work Team in the 2003/4 cohort;

- Semi Structured interviews with Health Visitors working in the Sure Start area, the Sure Start Social Worker and Family Therapist.

All data collected has been anonymised and held on a limited access database. No details or descriptions that allow identification of individuals have been included in this report.

* This meeting co-ordinates and allocates all referrals for Sure Start services that require a more in-depth series of contacts than the programme would usually offer.

Findings

(A) Referrals to the Children and Families Social Work Team April 2002 – March 2004.

Data on all referrals for children 0-3 resident in the Sure Start area and referred to the Children and Families Social Work Team was taken from the Social Services database (SSID) for the last two financial years (Cohort 1: April 02-March 03 and Cohort 2: April 03-March 04).

(1) Between April 02 and March 03 62 referrals were made to Social Services. 27 (43.5%) were new referrals to Social Services and 35 (56.5%) were re-referrals. Referrals related to a total of 58 children (some children had more than 1 referral during the period).

(11) Between April 03 and March 04 69 referrals were made to Social Services. 26 (38%) of these were new referrals and 43 (62%) were re-referrals. The number of children listed by SSID was 60 but detailed analysis of the data supplied only revealed 58 children. It was not possible to reconcile the data and therefore for the purposes of this report only the 58 children found are included.

Referrals to Social Services across both years were sorted according to their presenting need using the Primary and Secondary Need Code List (see appendices). This revealed that:

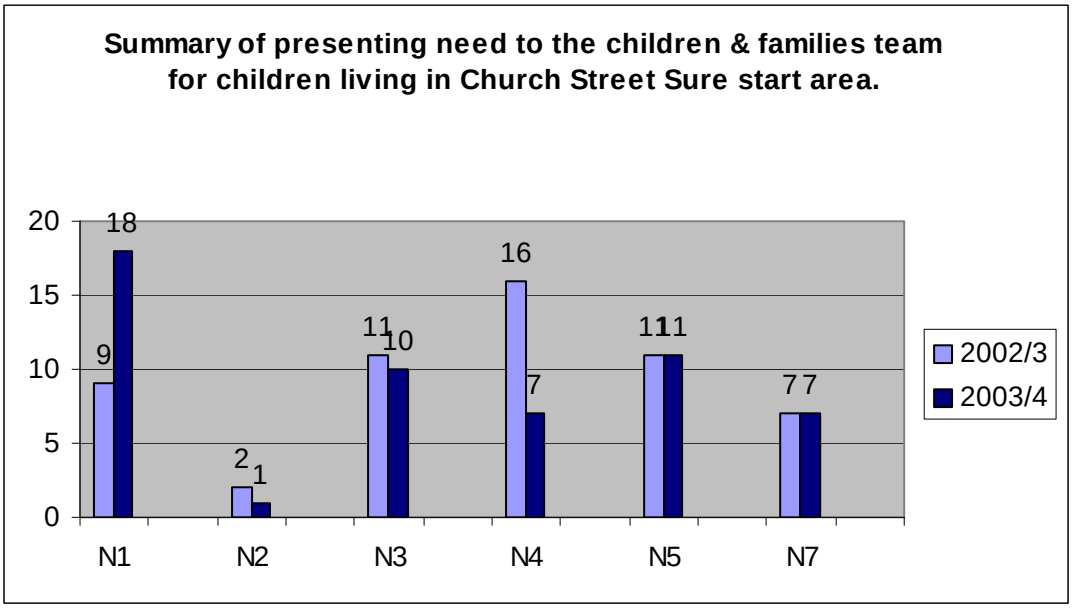
-1- Referrals for children in need as a result of abuse or neglect (code N1) had doubled between 2002 and 2004;

-2- Referrals for children whose needs arose from living in a family undergoing

temporary crisis such as diminished parenting capacity (N4) had more than halved;

-3- Referrals relating to the other 4 need categories (N2, N3, N5, N7, N7A) where Sure Start eligible children appeared remained largely unchanged.

Graph 1: Need Code Categories by Children Referred



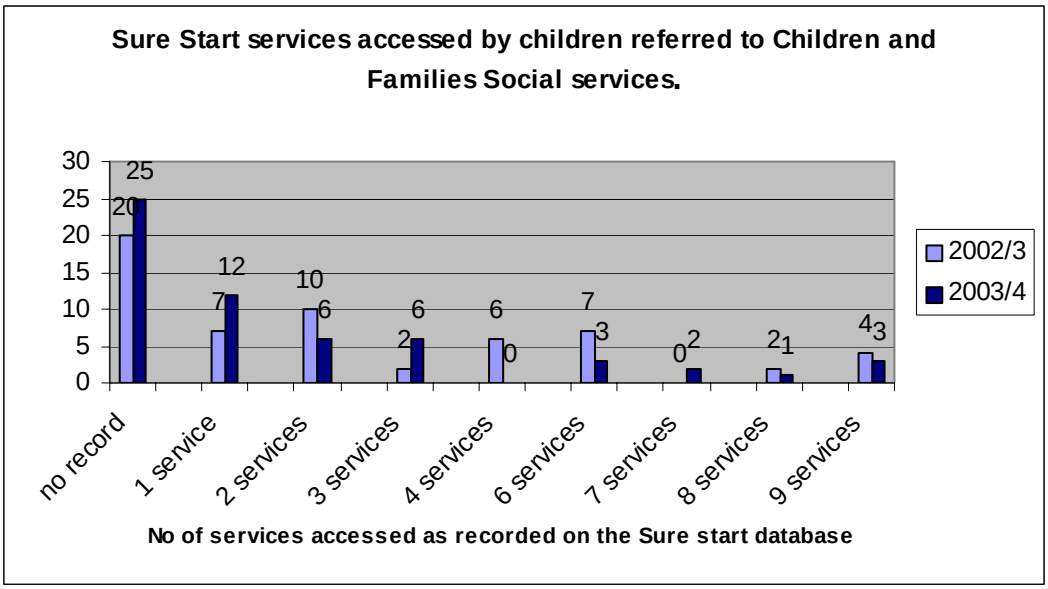
N.B. It should be noted that 8 children referred between April 03 and March 04 did not have a need code entered and therefore some categories are under reported.

(B) Comparison of Social Services Referral Data for 2002/3 with Children and Families Known to Sure Start Church Street.

The names of Sure Start eligible children referred to the Children and Families Social Work Team between April 02 and March 04 were sought on the Sure Start database. 3 identifiers were used (1) child's name (2) date of birth and (3) postcode. Cross referencing between all 3 identifiers was necessary to make an accurate trace of these children. Once found on the database an activity report for the period September 2000 to March 2005 was generated. These reports were subject to individual and collective analysis. The names of children not found on the database were compiled to inform future research. It is recommended that this population of children be profiled in order that we can learn more about their specific circumstances, including length of time resident in the Sure Start area.

Data for all children found on the Sure Start database (in both cohorts) was sorted to reveal the number of Sure Start services they had used. The following graph shows the number of services used by each of the two cohorts.

Graph 2: Children Referred to Social Services 2002/3 and 2203/4 by Number of Sure Start Services accessed.



Cohort 1 (April 02 – March 03)

15 (26%) children referred to Social Services between April 02 and March 03 had no record on the Sure Start database. A further 5 (7%) children were listed on the database but activity reports showed that they had not used Sure Start services. In total 38 (66%) children were known to the programme and using services. Almost a third (20) of all children had no recorded contact with the programme.

Children in contact with the programme used a broad range of services. Most accessed was the Outreach Team who had made contact with over half (21) of the families. However, nine (9) of these families were visited once only. Oral Health and the Sure Start dentist had been in touch with 42% of known children and 36% had used the Toy library. The Family Therapist was involved with 18% of families.

Table 1: Breakdown of Sure Start Services Used by Children Referred to Social Services Between April 02 and March 03.

Outreach Team	**21**	Baby Fun	**5**
Oral Health/Dentist	**16**	SLM (Language Measure)	**4**
Creche / Nursery Nurse	**12**	Midwife	**4**
Toy Library	**14**	Benefit drop in	**3**
Special Event	**10**	Child Mental Health	**3**
Speech and Language	**9**	KIDS	**3**
MBS	**8**	Adult Education	**7**
Radicle Pre School	**7**	Lisson Green Nursery	**1**
Family Therapy	**7**	Exercise Class	**1**
Health Visitor	**5**	Antenatal Yoga	**1**

Cohort 2 (April 03 – March 04) 

23 (39%) children referred to Social Services between April 03 and March 04 had no record on the Sure Start database. 2 (4%) children were found but their activity reports showed that they had not accessed services. From the total of 58 children 33 (57%) were in contact with the programme and making contact, however, 25 (43%) were either not known or not in contact.

Table 2: Breakdown of Sure Start Services Used by Children Referred to Social Services Between April 03 and March 04.

Outreach Team	**17**	MBS	**4**
Oral Health/Dentist	**16**	Family Therapist	**3**
Adult Education/training	**10**	SLM (Language Measure)	**2**
Special Event	**8**	Child Mental Health	**2**
Bookstart	**8**	Social Worker (sure start)	**2**
Toy Library	**7**	Speech and Language	**2**
Health Visitor	**7**	Baby Fun	**2**
Radicle Pre School	**4**	Library	**2**
Employment	**4**	KIDS	**1**
Benefit drop in	**4**	Smoking Cessation	**1**

12 (36%) children in contact with Sure Start had only used one service. Numbers of individuals contacts for each service are not included as the Sure Start programme ceased to collect this information for some routine services in 2004.

(C) A Profile of the Sure Start Allocations Meeting 2003/4

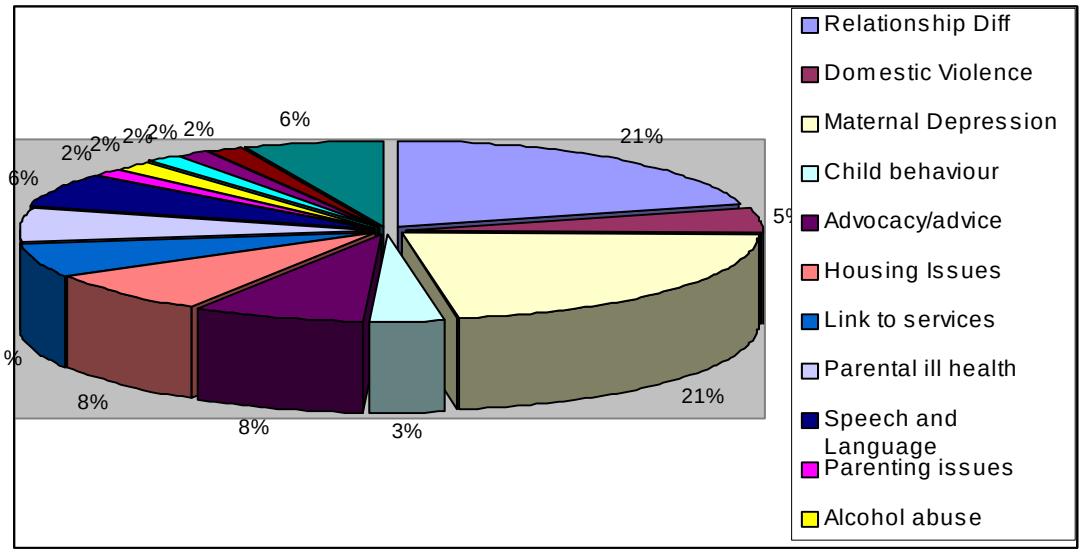
The Sure Start allocations meeting started in May 2003 and takes place Thursday mornings. It is routinely attended by the Sure Start Family Therapist, Outreach Team, Health Visitor and Social Worker. This meeting co-ordinates and allocates all referrals for Sure Start services that require a more in-depth series of contacts than the programme would usually offer. The meetings are open to other staff to attend if they wish to discuss a specific child or concern. The names of children and families coming through the allocations meeting were compared to children referred to social services during 2003/4. Data was also analysed to create a composite picture of the primary reasons for the allocation of additional Sure Start support.

59 children/families were referred to the Sure Start allocations meeting between April 03 and March 04.

Table 3 Allocation Meeting Referral Sources

Health Visitor	**23**
Sure Start Outreach Team	**8**
Children and Families Social Work Team	**7**
General Practitioner	**7**
Self Referral	**4**
Family Therapist	**1**
Sure Start Health Visitor	**1**
Sure Start Social Worker	**1**
Sure Start Midwife	**1**
Psychiatry	**1**
Midwife	**1**
Not recorded	**4**

Graph 4. Primary Reasons for referral to the Sure Start Allocations Meeting



* Some referrals contained more than one primary reason

42 (71%) of all referrals to the allocations meeting came from non Sure Start workers. 13 (22%) from Sure Start itself with 4 (7%) having no referral source recorded.

Relationship difficulties 13 (21%) and maternal depression (21%) accounted for almost a half of primary reasons given for referral. 20 (34%) of all referrals also had secondary reasons for referral noted. Over a third of secondary reasons for referral concerned the impact of parental difficulties on children. From the total 59 cases referred, 12 (20%) concerned child behaviour and the impact or relationship difficulties within the family on children.

Table 3 Allocation of Sure Start Lead Professional Following Referral

Lead	No of Ref	Details	Duration
Family Therapist	**20**	14 new, 2 re-opened, 1 declined, 2 referred on, 1 service not taken up	1 visit – 1 year
Social Worker	**24**	20 new, 3 declined, 2 referred on, 1 not eligible	1 visit – 16 months
Outreach Team	**10**	8 new, 2 re-opened	1-3 visits
Speech and Language	**4**	4 new	
Sure Start HV	**1**	1 new	

7 (12%) children presented to the allocations meeting had also been referred to Social Services during 2003/4.

Discussion

7% of all Sure Start eligible children were referred to the Children and Families Team for each of the financial years studied. Whilst the overall numbers of referrals remain relatively constant, the number of re- referrals rose proportionately by 6%. Further, the numbers of referrals relating to children in need as a result of abuse or neglect doubled in 2003/4 compared to the previous year. The reasons for this increase are not yet fully understood but early identification and closer collaboration between agencies working with young children and families, more outreach services and greater use of screening methods to identify increased child vulnerability may all be factors. This upward trend was noted across England by the Sure Start Unit in their second report from the local context analysis of the National Evaluation of Sure Start based on the fiscal year 2001/2 (Sure Start Unit 2004).

Future local evaluations by Sure Start Church Street might look in more depth at those referrals concerning children in need as a result of abuse or neglect, in order to assess the proportion of this specific population whose cases were actually opened by Social Services. Further, to assess contacts made by these children with Sure Start and gauge whether referral for statutory input came after contact with the programme.

The introduction of a notification system informing Sure Start of children 0-4 referred to Social Services would be helpful. This would ensure a more coordinated approach to the services offered, ensure that the Outreach Team are fully briefed in the case of a first or 18 month visit and also ensure that these children are captured on the Sure Start database and their usage of services monitored. It is recommended that such systems be established and that consideration is given to extending such an approach, if successful, across Westminster.

Whilst referrals relating to children with high levels of vulnerability increased during the two years studied, referrals concerning children whose main need for support arose from

temporary crisis or diminished parenting capacity more than halved. This is a significant finding and although it would be hard to solely attribute this to Sure Start a key thrust of the programmes work has been to strengthen the ability of local families to care for their children at times of stress or family crisis.

A previous evaluation of the role played by the Family Therapist found that families using the Sure Start service often presented powerful stories of uprooted lives and traumatic histories (Sure Start Church Street 2003). Referrals that came through the Sure Start allocations meeting for 2003/4 reveal that nearly half of all primary reasons for referral concerned relationship difficulties (including domestic violence) or maternal depression and that 20% of all reasons given involved child behaviour and concern from parents about the impact of family crisis on children.

The Sure Start Social Worker was involved with 20 new cases via the allocations meeting for 2003/4. These families often presented with multiple needs. Most often mentioned was overcrowding, ill health, mental ill, health and relationship difficulties 3 of which involved incidents of domestic violence. Research has shown that parents, especially mothers who experience disability, marital breakdown or domestic abuse generally have to contend with low incomes, which in many households is less than half the national average income (DoH 2000). In addition to the effects of poverty, it is also clear that other deprivations co-exist such as poor health, substandard housing and depression that all predispose children and families to vulnerability (DoH 1995).

A focus on work with these families seems important in terms of making improvements to the lives of children today whilst working on the development of stronger parenting and coping capacity amongst families in the future.

There is some evidence to suggest that the numbers of children and families in receipt of additional and in-depth Sure Start support is greater than actual data suggests. It is recommended that there is a review of allocations meeting process to ensure that all families receiving additional services are discussed, planned for and recorded. Further, that the names of children are routinely recorded as well as the names of parents to ensure ease in the comparison of data between Sure Start and Social Services.

Both cohorts of children referred to social services contained significant numbers of children who were not engaged with Sure Start Services. In the majority of cases these children were unknown to the programme. Further, investigation needs to be undertaken in order that we understand more about their situation. Under usual circumstances Sure Start would be informed of the birth of new children in the area but for some reason these children appear to have no first visit or 18 month visit which may indicate that they have moved into the area. It is recommended that a profiling exercise be undertaken by Social Services to help us understand more about this particular population of children.

Many children across both groups that were engaged with Sure Start appear to have made fleeting contact with Sure Start services. Amongst the most accessed were, the dental services, toy library and special events where contacts are short and sporadic and do not imply a sense of membership or belonging to activities of supports over time. This highlights the continued challenge faced by local services.

It would be helpful if Social Workers in contact with children referred to them are able to direct these families to Sure Start and provide up to date information on the services available. The Sure Start Social Worker could usefully take on a broader remit within the children and families division, acting as a bridge between both services and point of contact for advice on Sure Start activity. This may also assist in increasing the numbers of children referred to Social Services who come to the Sure Start allocation meeting for additional support.

Comparison between both cohorts of children referred to social services reveals that Sure Start reached 9% less children and families in the 2003/4 cohort. Further, that the proportion of children in this group who only used one service doubled compared to 2002/3. In short, fewer children in the second group made contact with Sure Start and from those that did, more used only one service. Once again we have no explanation for this and further investigation is needed to draw any conclusion.

Health Visitors report a good relationship with Sure Start and feel that their close physical proximity aids the sharing to information and speed of action. Informal contacts that take place at Lisson Grove Health Centre help in the transfer of information. However, it was noted that this should not supplant the need for formal record keeping even where informal exchanges take place. Health Visitors working in the Sure Start area felt that communication at the point of opening and closing cases were good. However, that formal updates where interventions were ongoing over several months would be helpful. It is not unusual for example to find the Family Therapist to be involved over an extended period and there are some examples of the Sure Start Social Worker being involved with a small number of families for over a year.

Health Visitors commented that they would generally seek advice from the Children and Families Social Work team prior to referring to Sure Start services in the case of vulnerable children or where there where known risks. The future introduction of a common assessment framework may be helpful in supporting them to decide where direct referrals to the programme might be appropriate.

This local evaluation has raised many issues, some concerning gaps in communication between agencies and others concerning the need for further investigation that builds on the findings of this report. It is hoped that findings from this initial phase of work may be broadly disseminated and lead to a model of working with families who have additional needs that can be replicated across Westminster.

Recommendations

1. To request that all Sure Start eligible children referred to Social Services 2003/4 and not known to Sure Start are profiled in order to discover more about their individual circumstances and length of time they have been resident in the Sure Start area;
2. To request that all 18 children appearing in the 2003/4 N1 category of the primary and secondary need code list are profiled and shared with Sure Start to learn whether referral came before or after contact with the programme;

3. To explore the development of a notification system for Sure Start eligible children referred to Social Services. To test this approach and if working well extend across Westminster;
4. To review the functioning of the Sure Start allocations meeting to ensure that all families requiring additional services or support are discussed, planned for and recorded;
5. To ensure that the names of children as well as parents are recorded by the allocations meeting to allow future evaluations to be undertaken with comparable data immediately available;
6. To further embed the role of the Sure Start Social Worker within the children and families division in order that the post holder can more adequately act as a bridge between both services;
7. To ensure that all informal exchange of information regarding children and families are backed up by rigorous formal recording systems;
8. To explore how the introduction of a common assessment framework might help Health Visitors in making appropriate direct referrals to the Sure Start programme.

Acknowledgements

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Primary and Secondary Need Code List

Main Category	Description	Code
Abuse or Neglect	Children in need as a result of abuse or neglect	N1
Child's Disability	Children and their families whose main need for services arises out of children's disability, illness or intrinsic condition	N2
	Children with Physical Disabilities	N2A
	Children with Sensory Disabilities	N2B
	Children with Learning Disabilities	N2C
	Children with Emotional and Behavioural Difficulties	N2D
Parental Illness/Disability	Children whose main need for services arises because the capacity of their parents or carers to care for them is impaired by disability, illness, mental illness or addiction	N3
	Children with Chronically Mentally Ill Parent(s)	N3A
	Children with Alcoholic Parent(s)	N3B
	Children with Drug-taking Parent(s)	N3C
Family in Acute Stress	Children whose needs arise from living in a family going through a temporary crisis such that parenting capacity is diminished and some of the children's needs are not being adequately met	N4
Family Dysfunction	Children whose needs arise mainly out of their living in families where the parenting capacity is chronically inadequate	N5
	Domestic Violence	N5A
Socially Unacceptable Behaviour	Children and families whose need for services arises primarily out of the child's behaviour impacting detrimentally on the community	N6
	Class A Drug Use (by child / young person)	N6A
	Other Problematic Substance Use (by child / young person)	N6B
Low Income	Children, living in families or independently, whose needs arise mainly from being dependent on an income below the standard state entitlements	N7
	Asylum Seeking Family	N7A
Absent Parenting	Children whose need for services arises mainly from having no parents available to provide for them	N8
	Unaccompanied Asylum Seeker	N8A
Cases Other than Children In Need	Casework which is required for legal and administrative reasons only and there is no child who is in need	N9
	Private Fostering	N9A