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# Summary Report

## 1. Introduction

This summary report contains the headline findings with respect to the evaluation by Cordis Bright of family support services as delivered by the Sure Start Tower Hamlets programmes. The summary also contains the key recommendations stemming from the evaluation for the future provision of family support services to be provided from the Tower Hamlets Children's Centres.

A full analysis of the results leading to the conclusions and recommendations can be found in a series of appendices set out after this summary report detailing the information gathered with respect to certain thematic areas, namely:

1. Exploring definitions of family support
2. Current Sure Start family support provision
3. Outcomes of family support provision
4. Quality of family support provision
5. Specific outcomes
6. Working with providers of other services
7. Perceptions of Sure Start family support staff
8. Future models of family support

Cordis Bright was invited by Sure Start Programmes in Tower Hamlets to carry out an evaluation of family support programmes delivered by Sure Starts in The Borough. The evaluation was carried out between November 2004 and February 2005.

There is no single common model of family support programme in Tower Hamlets – each Sure Start Programme delivers its own approach in its own way. We were seeking to discover the common denominator between them – in an attempt to draw together an approach to the delivery of family support services that could be applied across the Borough in an environment where there will be Children's Centres for all.

We set out below:

- A description of our evaluation methodology
- Key definitions of family support
- A description of current provision
- The key headline outcomes of our evaluation into family support provision
- Our conclusions and recommendations in the light of the evaluation

## 2. Our methodology

Cordis Bright adopted a number of components to the evaluation of family support services provided by Sure Start Tower Hamlets programmes. The components were designed to ensure that as wide a range of stakeholders as possible were able to input into the process, giving equal emphasis to Sure Start staff, local programme managers, external stakeholders, providers of commissioned services and Sure Start clients (including parents of very young children living in each of the Sure Start catchment areas).

The methodology broadly broke down into three sections. Full details of each section and the level of response at each stage are given below:

### Sure Start consultation

The first part of the evaluation sought to gather the views of those within each of the Sure Start programmes – namely family support staff, programme managers (and other members of the management teams) and other Sure Start staff (who do not necessarily have a family support component to their role).

#### Family support staff:

- An activity session was held with family support workers from all seven Sure Start programmes across Tower Hamlets attended by 30 staff.
- A questionnaire was circulated among family support staff and those Sure Start staff with a family support component to their role. In total 17 family support staff returned questionnaires.

Sure Start programme managers:

- Programme managers from each of the seven Sure Start programmes were interviewed. In addition a number of deputy-managers were also interviewed either individually or along with the programme managers. In total 9 interviews were conducted.

Other Sure Start staff

- The perspectives of other members of the Sure Start teams were captured at the Stakeholder day, the feedback session and during one-to-one interviews. See below for details of each.

Stakeholder consultation

Cordis Bright sought the views of those outside of Sure Start but who could offer a professional perspective. Stakeholders therefore included representatives from statutory agencies (principally health), voluntary sector organisations (both those who had services commissioned by Sure Start and those with no such service ties).

Stakeholder day:

- An open event was held to allow anyone with an interest in family support issues to feed their views into the evaluation process. 70 attendees from a range of providers attended the session with a number of group activities and feedback sessions being held during the day. Questionnaires were circulated at the event to allow for individual anonymous feedback.

Feedback session:

- At the close of the consultation period another open event was held at which the key findings of evaluation were presented. Attendees were asked to comment on the recommendations put forward. Questionnaires were again circulated at the event to allow for anonymous feedback.

One-to-one interviews:

- One-to-one interviews were held with those who were recognised as key stakeholders. Those to be interviewed were nominated by

the local programme managers, the evaluation steering group and from Cordis Bright's own research.

### Parental consultation

A crucial aspect of the evaluation was the attempt to include the perspectives of service users – i.e. parents of young children living in the Sure Start catchment areas across Tower Hamlets. The views of parents were integral to developing an understanding about the impact of family support services, and the effect that service delivery has had on parents.

#### Community survey:

- A community survey was conducted in which a total of 173 parents of young children were interviewed by community surveyors who were trained and supported by Cordis Bright. The work of the community surveyors was supplemented by a distribution of surveys direct to play activities in Tower Hamlets utilising the networks of Toyhouse Libraries.

#### Parent focus groups:

- A number of focus groups were held with parents who utilise Sure Start services. The focus groups sought to develop a detailed picture of parent's perspectives on services that are provided and the extent to which they make an impact on parent's lives. In total 7 parent focus groups were conducted.

## 3. Exploring definitions of family support

The evaluation initially set out to try and define what was meant by the concept of family support in Tower Hamlets and the Sure Start programmes there. Following on from developing an initial working definition, Cordis Bright obtained consensus among Sure Start programmes managers that the definition was representative of their understanding of family support.

Cordis Bright arrived at this definition and consensus through a scoring activity whereby each programme manager was sent a list of possible definitions and asked to score them, according to their sense of what best represented family support priorities in relation to their programme.

From this exercise, the definition reached of family support was one in which the physical and emotional well-being of parents was central. Thus the two most significant factors (in terms of votes received) were:

Figure 1: Key definition of nature of family support provision among Sure Start Tower Hamlet programmes

1. The extent to which family support services address the emotional and physical well-being of parents of young children.
2. The extent to which family support services help improve the self-esteem and confidence of parents.

The evaluation was not restricted to the above s alone -definition with weight was given also to a number of other key issues, namely:

Table 1: Key family support definitions

Ranking	Evaluation criteria
1	The extent to which family support services address the emotional and physical well-being of parents of young children.
2	The extent to which family support services help improve the self-esteem and confidence of parents.
3	The extent to which family support services engage with people in the greatest need.
4	The extent to which family support services contribute towards effective child protection processes and arrangements.
5	The extent to which family support services contribute towards the improvement of parenting skills.
6	The extent to which family support services are readily accessible by parents in the Sure Start area.
7	The extent to which family support services aid parents into entering or re-entering the employment market.

A fuller breakdown of the ranked definitions and associated scores can be found at Appendix – Exploring Definitions of Family Support.

## 4. Current provision of family support services

Following on from agreement on a definition of what constituted family support within the Sure Start Tower Hamlets programmes, Cordis Bright looked at how family support was operationalised – namely what services were being provided and how family support was placed structurally within the overall Sure Start programme.

### Structure

The research demonstrated that there are three structural models of provision utilised by the Sure Start programmes. These are:

Table 2: Structural form of family support delivery

	Form of delivery	Applicable programmes
1	Designated “Family Support Worker” posts which sit within Sure Start	Around Poplar Shadwell Teviot and Crisp Street Ocean
2	Commissioning of family support function through local voluntary sector agencies	Bromley to Burdett Weavers and Spitalfields
3	Distribution of family support functions through all Sure Start posts	Collingwood and Stepney

Each model represented a response to the environs in which the particular programme operated and was an attempt to take into account current levels of existing service provision (whether statutory sector or voluntary sector).

One programme (Teviot and Chrisp Street) had initially delivered services through one form of provision (commissioning family support from a local voluntary sector provider) but had subsequently shifted away from this and had relocated all services within the programme through the creation of Family Support posts.

We have concluded that no single model represents an *inherently* better mode of family support provision. While each model has strengths and weaknesses, they each represent a form which is thought best to suit the locality and therefore may not necessarily prove to be as effective if transplanted elsewhere in Tower Hamlets.

## 5. Outcomes of family support provision

### Client related outcomes

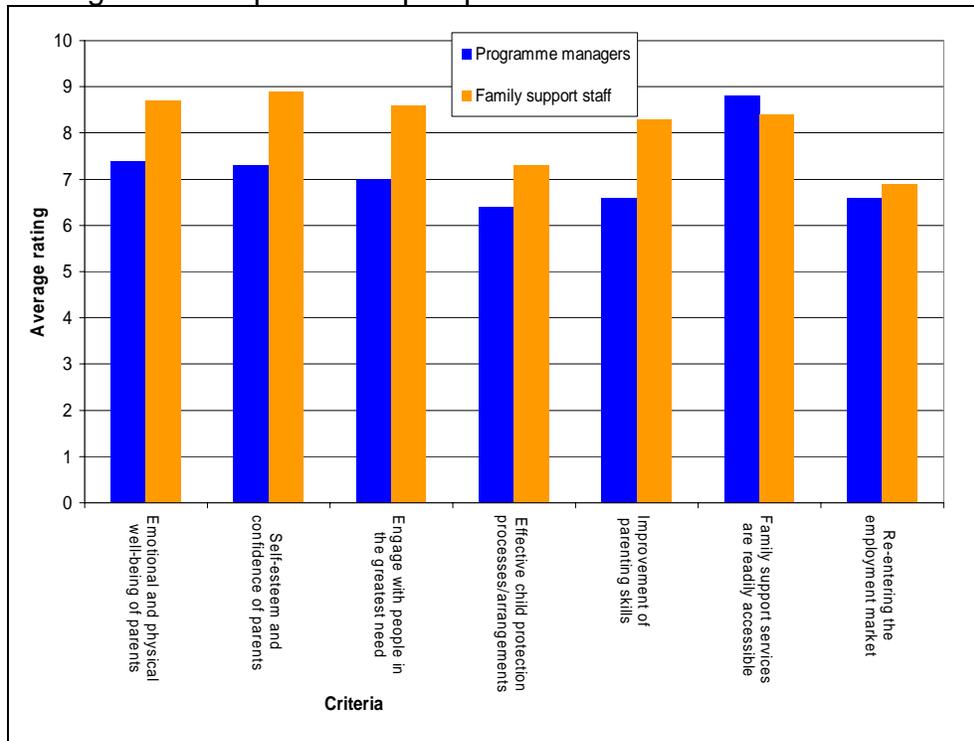
The evaluation sought to ascertain the success that the current different forms of family support had had in achieving benefits for their clients (parents of young children).

### Sure Start perspective

Sure Start programme managers and those staff engaged in family support work were independently asked to evaluate the impact that they had had on parents. Both groups were asked to score the definitions of family support that were agreed as underpinning the evaluation (see Exploring definitions of family support above), using a scale where 1 was Very Poor and 10 was Excellent.

The results, averaged out by respondent group, are given below at Chart 1.

Chart 1: Assessment of impact of family support service – managerial and operational perspectives



As demonstrated at Chart 1, family support staff tended to rate the impact on parents higher than managerial staff for all outcomes bar “Family support services are readily accessible”. However, on each of the criteria both family support staff and managers largely agreed that the work was having real impact in the key areas of importance.

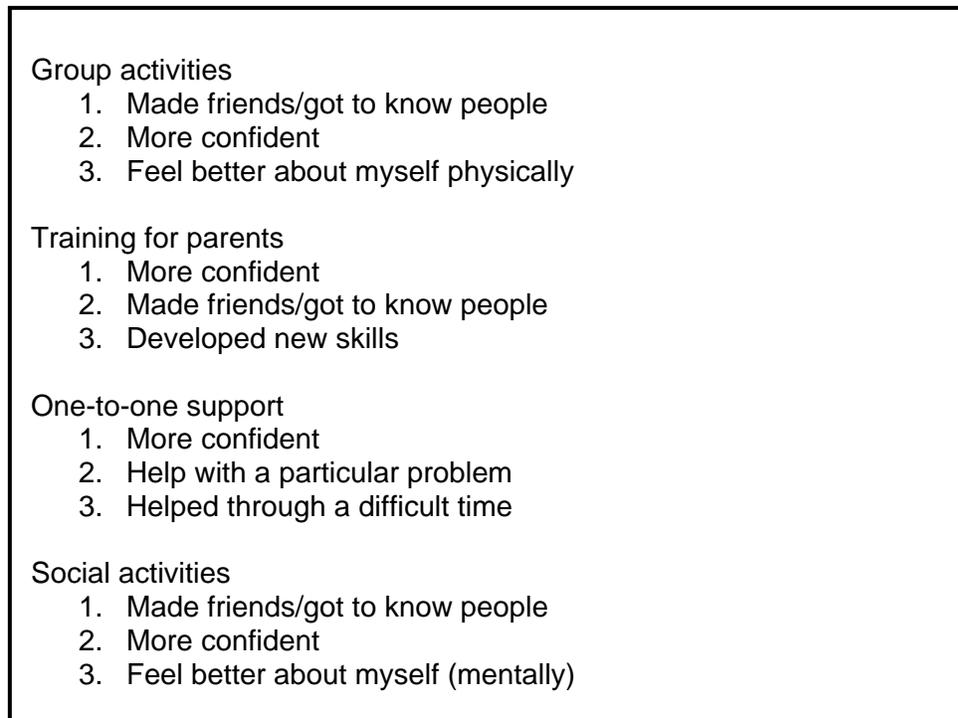
A full breakdown of results is given at Appendix – Client related outcomes.

### Client reported outcomes

The community survey was used to help ascertain what parents felt were the outcomes for them, having used Sure Start family support.

The top three results per type of service are given at Figure 2.

Figure 2: Key reported outcomes among parents by type of activity



The results at Figure 2 demonstrate that the most commonly reported outcomes from having used Sure Start family support services related to increased levels of confidence and extension of social networks. This is remarkably consistent over the different service types and also fits with what was regarded as important.

## 6. Working with other providers of services

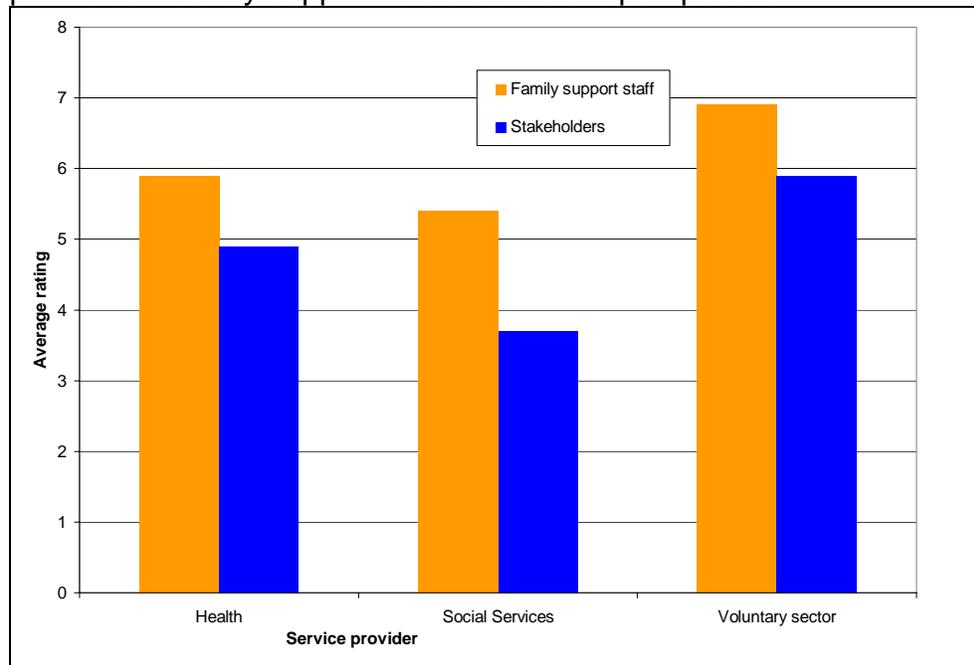
The research indicated that family support is necessarily just one service situated within a nexus of services provided by organisations other than Sure Start.

The evaluation therefore sought to determine how well family support was linked in with other service providers, thereby giving an idea of how well referrals are being made and the range of services that family support staff are collaborating with.

In the course of the evaluation, both stakeholders (drawn from the voluntary sector and health agencies) and family support staff were asked to rate how well Sure Start family support works alongside other providers using a scale where 1 is Very Poor and 10 is Excellent.

The results, averaged out by respondent group, are given at Chart 2 below.

Chart 2: Assessment of co-ordinated working with other service providers – family support and stakeholder perspective



As demonstrated at Chart 2, family support staff tended to give a higher rating regarding the degree of co-working with other stakeholders than did the stakeholders themselves.

Both parties indicated that the best co-working was to be found between Sure Start family support staff and voluntary sector providers; conversely both parties concurred that the poorest co-ordination was to be found between Sure Start family support staff and social services. Overall however, the figures are not that high perhaps indicating that while collaboration was seen as very important in principle, in practice it was much more difficult to deliver.

### Clients experience of Sure Start co-working

To test the impact that Sure Start family support service co-operation (or lack of) with other service providers was having on clients, the community survey asked parents whether family support workers had informed them of other support services available to them.

56% of parents stated that they had been told of other support services and 35% of parents reported having gone on to use a service recommended.

Respondents were asked to indicate what kind of service they had been told about with the results set out at Chart 3.

Chart 3: Type of service parents informed about by family support staff\*

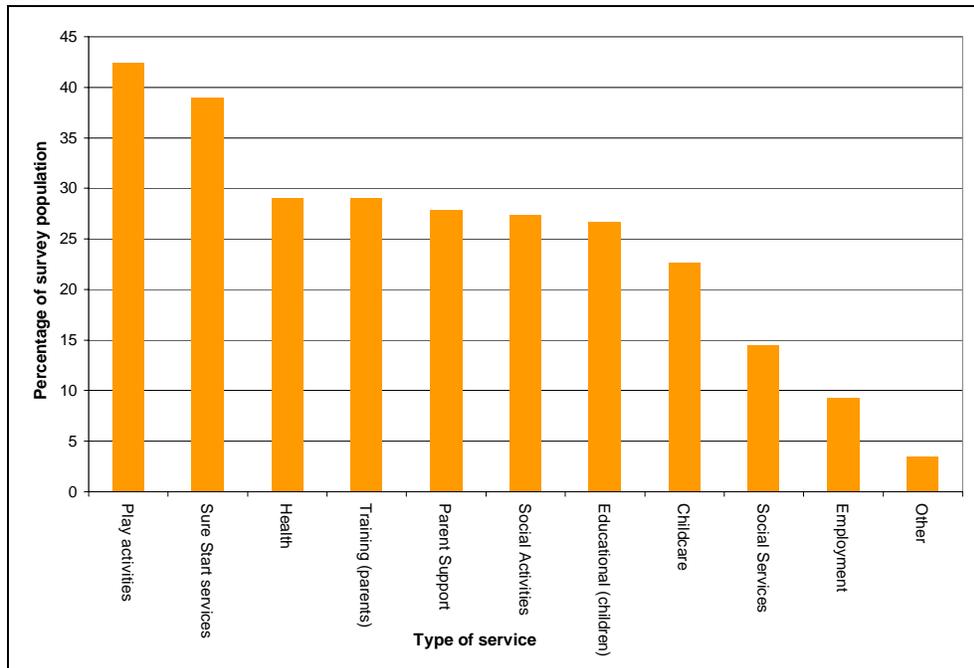


Chart 3 demonstrates that parents of young children were most commonly informed about play activities available to them followed by other Sure Start services. This is not surprising and broader linkages to other services, while not that high, are meaningful.

## 7. Quality of service provision

The evaluation sought to determine the quality of the services provided by Sure Start family support staff. Stakeholders (through one-to-one interviews and questionnaires) and service users (through focus groups and the community survey) were asked to give their appraisal of services from their perspective.

### Client perspective

The community survey was the primary means by which parents living in the Tower Hamlets Sure Start catchment areas were able to give their views of family support services.

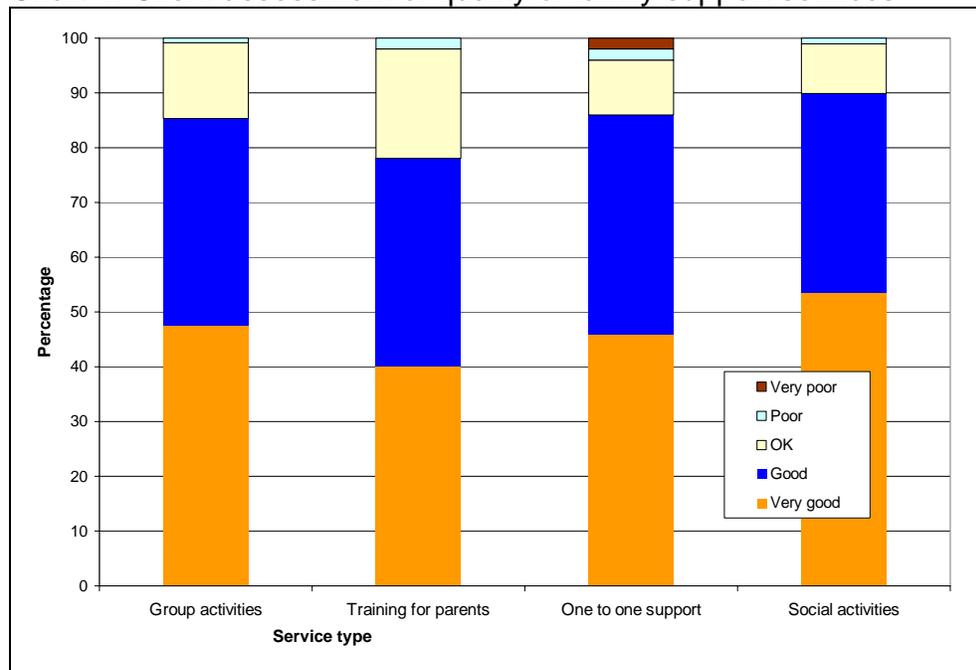
\* Note – figures add up to more than 100% since respondents report being informed about several services.

Given the broad spectrum of activities offered by the different programmes, the questionnaire asked parents to evaluate services according to generic headings, namely:

- Group activities
- Training (for parents)
- One-to-one support
- Social activities

The results from the community survey per generic area are given below at Chart 4.

Chart 4: Client assessment of quality of family support services



As demonstrated at Chart 4, satisfaction with family support services was very high among clients. Thus:

- 85% of parents felt that group activities are Good or Very Good.
- 78% of parents felt that the training they received was Good or Very Good.
- 86% of parents felt that the one-to-one support they received was Good or Very Good.

- 90% of parents felt that the social activities they had attended were Good or Very Good.

### Stakeholder's perspective

In the stakeholder questionnaire, respondents were asked to evaluate the quality of family support services as offered by Sure Start. The results are set out below at Table 3.

Table 3: Assessment of quality of family support services (actual numbers)

Very Good	Good	OK	Poor	Very Poor
0	5	8	6	0

The results indicate a fairly even balance of responses between stakeholders; thus while the most common response was that family support services are OK, slightly more stakeholders felt that services were Poor than were Good.

In the interviews with stakeholders, specific issues relating to the quality of Sure Start provision were identified. The key themes that were identified were:

- Training/qualifications
- Experience
- Professional boundaries
- Clarity of roles

To take into account the context within which Sure Start services operate the stakeholder questionnaire sought to establish whether the introduction of services had represented an improvement on the situation pre-Sure Start, that is, whether the delivery of Sure Start services had represented an advance in family support services in Tower Hamlets.

Table 4: Assessment of extent to which Sure Start family support represents an improvement in family support services in Tower Hamlets

Great improvement	Little improvement	No change	Little decline	Great decline
6	10	3	0	0

The results indicate that stakeholders feel that Sure Start family support services have resulted in an improvement in family support services

throughout Tower Hamlets with the majority of respondents (10 stakeholders) indicating that Sure Start had resulted in a Little Improvement on pre-Sure Start service provision.

Given the existence of a number of other family support services in Tower Hamlets, the questionnaire sought to test the quality of Sure Start provided family support against those offered by other agencies and organisations as measured in terms of the impact of the service. The results are given at Table 5.

Table 5: Assessment of statement “Sure Start family support services are yielding better outcomes than other family support services in Tower Hamlets”.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2	1	11	1	2

As demonstrated at Table 5, the majority of respondents (11 stakeholders) did not feel that Sure Start services represented a better service or worse in terms of the impact on parents with as many respondents agreeing as disagreeing.

## 8. Perceptions of Sure Start family support staff

The evaluation process sought to ensure that the views of family support staff were included about wider issues than quality of service provision and impact on parents. Support staff were therefore asked to give their opinions on a range of matters including training and professional development and job satisfaction.

### Training and professional development

Family support staff were asked how important they felt training was to their effective functioning.

Table 6: Assessment of importance of training to effective functioning of family support workers

Very Important	Important	Not Important	Not at all Important
17	4	0	0

The results at Table 6 very clearly demonstrate that family support workers place a great deal of importance on training within their role with a very clear majority indicating that it was Very Important to them.

Following on from this, family support staff were asked whether they had received enough training in relation to their role. Of some note 10 respondents felt that they had not received enough training, 6 thought that they had had enough training whilst the remaining respondent gave no comment.

Respondents were asked whether or not they felt that they had developed professionally in their role since working for Sure Start. The results are given at Table 7 below.

Table 7: Assessment of extent of professional development since working for Sure Start

A Lot	A Little	Not really	Not at all
8	10	1	0

While the results at Table 7 demonstrate that a very clear majority of respondents feel that they have developed professionally within the environs of Sure Start, the results further indicate that the most common assessment was that this development has been relatively modest (with 10 respondents describing A Little development).

#### Job satisfaction

Respondents were asked to indicate whether working for Sure Start had met their expectations with the results set out at Table 8.

Table 8: Assessment of working for Sure Start

Exceeded expectations	Met expectations	Not met expectations
6	13	2

The results demonstrate that for a majority of respondents (13 respondents), working for Sure Start had met their expectations.

## 9. Conclusions and recommendations

### Conclusions

Cordis Bright have concluded that the evidence from the evaluation suggests the need for a new single all embracing model of family support service to be developed to be delivered from the Children's Centres.

The evaluation demonstrates that while there is a generally shared concept of family support among the Sure Start programmes, there are differences in the types of services actually delivered.

The research further demonstrates that the degree of liaison between Sure Start and providers of other services varies to a large degree, both between Sure Start programmes and with regard to the different sectors. It was further identified that current liaison is often dependent on inter-personal relationships rather than formal structural agreements.

The research therefore clearly demonstrates a need to standardise service delivery in order to help improve liaison with other services and to reduce current variations as exist across Tower Hamlets.

There are also variations among current family support workers in terms of skills, job expectations, experience and training. These need to be clarified and a standardised single job role should be developed.

There is a lack of clarity regarding family support roles and the content of these roles. Current family support posts seem to be too broadly conceived therefore impacting on the ability of support workers to deliver services to clients.

A manifestation of the very broadly conceived roles is that family support workers are currently engaging in a very broad range of activities, some of which they are not best placed to deliver – either since this under utilises their abilities, or since staff do not necessarily have the skills and experience to deliver specialised activities.

Given current variations in the standard of staff, there is a need to standardise recruitment processes for family support workers and to ensure that all support workers are trained in the same areas to the same degree.

## Recommendations

### Family support provision

- I. Family support to be provided from the Children's Centres should focus on the needs of families with moderate levels of need.
- II. Family support workers should surrender those aspects of their roles with regard to assistance to families with high/complex needs. Responsibility for families with high levels of need ***but not sufficiently high for statutory intervention*** (child protection intervention, specialised clinical intervention) should be passed to provider of specialised services. Such a role currently exists in Tower Hamlets in the form of the relationship between Collingwood and Stepney and the Family Welfare Association. The possibility of commissioning a pan-Tower Hamlets high level support service should be explored along the lines of the existing FWA model. In addition, Senior Family Support Workers (see Recommendation XV) should develop formal links with statutory providers of intensive support such as the Eva Armsby Centre.
- III. Family support workers should surrender those aspects of their roles with regard to play activities. Supervision/running of play activities for very young children should be devolved back to local providers (voluntary, statutory, private sector) with family support workers signposting families to appropriate play activities. In order to ensure that sufficient locally provided play activities are offered throughout Tower Hamlets, Early Years should work with existing capacity building organisations such as the Playgroups and Under Fives Association, who already have a role in developing locally led play services. In order not to cut off play activities to parents, it may be necessary to phase out family support provided services as the voluntary sector gradually comes on line.
- IV. Family support workers should continue to engage in community outreach, identifying families with young children in the area.
- V. Family support workers should assess to all families they come in contact with to determine the needs of parents and their children.
- VI. Where appropriate, and where sufficiently skilled and trained, family support workers should provide services as appropriate,

directly to families themselves. The range of services to be provided will be dependent on the content of the training received by family support workers (see Recommendation XIII) but should include *inter alia*:

- Some counselling
- Child development advice/support
- Parenting skills advice/support
- Health advice/support (including nutrition, healthy eating)

VII. Following assessment, where appropriate, family support workers should signpost families on to services, agencies or organisations offering appropriate and relevant services. Signposting should include *inter alia*:

- Referrals to Children's Centre services
- Referrals to local play activities
- Referrals to specialist health professionals (e.g. speech and language, psychology, breastfeeding etc)
- Referrals to providers of high level support (e.g. FWA, Eva Armsby Centre)
- Referrals to social services (child protection issues)

VIII. Given the centrality of referrals to the post, the threshold at which families need to be passed on should be made explicit with all partner agencies that family support workers will liaise with (social services, health and voluntary sector). Such negotiations should be led by the Public Health Co-ordinators (see Recommendation XX).

IX. In order to ensure the success of referrals, all referrals should be passed through and co-ordinated by the Senior Family Support Worker (see Recommendation XV) who will have the responsibility of administering this area.

X. It is anticipated that accurate referrals will be ensured through good training (see Recommendation XIII), but also through:

- The development of a common referral format – i.e. single referral form
- Regular joint senior management meetings on what is happening in the referral process
- Close co-ordination of referrals (see Recommendation IX)

XI. To ensure the maximization of service delivery to parents, the referral process must be two-way between family support workers and other agencies – that is, referrals must be able to go down as

well as up. We would expect family support workers to deliver appropriate services (dependent on the level of need of a family) following on from assessment by GPs, midwives, health visitors and other professionals.

### **Family support staff**

- XII. The recruitment of family support staff should be reviewed to introduce certain minimum expectations of staff. Minimum expectations may include:
- Good GCSE passes in English and maths (or some equivalent)
  - Previous experience in community work or work with children
  - Previous experience/knowledge of child development
- XIII. Family support workers should be expected to undertake a specifically designed training course, completion of which should constitute a job expectation. The course should include at a minimum:
- Child protection
  - Child development
  - Community work
- XIV. Given the importance of the family support worker course, it would be best to commission this through an established provider of adult education services such as Tower Hamlets College or the City Lit.
- XV. A career development structure should be put in place allowing family support workers to develop professionally. This should be accomplished through the development of a post of **Senior Family Support Worker**.
- XVI. Family support workers should continue, wherever possible, be drawn from residents of Tower Hamlets to exploit knowledge of local culture and language skills that are available.
- XVII. Family support workers should share a single job description across Tower Hamlets better delineating their roles, recognising that they will no longer provide high level support or support at play activities. Their roles should be clearly specified in order that they do not get drawn into solely working for health services.

### **Management of family support services**

- XVIII. Line-management of family support workers should be passed to the Senior Family Support Workers (see Recommendation XV) who would be responsible for day to day supervision of support workers, their professional development and peer support.
- XIX. If it does not prove to be viable to create a Senior Family Support post per Children's Centre (an option which we feel is very much the best possible solution) then it is essential that day to day management of family support workers is kept at Children's Centre level – i.e. as close to the operational level as possible.

### **Liaising with other services**

- XX. The possibility should be explored of creating a number of roles to facilitate better liaison between family support workers and providers of services throughout Tower Hamlets (whether they are statutory, voluntary or private sector). One option would be to create a number of **Public Health Co-ordinator** posts with this responsibility. Four posts could be created with responsibility for a catchment area coterminous with the boundaries that currently exist for health visiting services in Tower Hamlets. A further possibility would be to make the roles coterminous with Local Area Partnership boundaries. The post-holders would be responsible for commissioning services to be delivered from Children's Centres, setting targets for services providers, monitoring progress against targets and arranging joint working between family support workers and other professionals.
- XXI. Given the need for information sharing between the partner agencies (and specifically between family support and health and social services), we would strongly recommend the development of protocols to be agreed upon by all parties that explicitly allows for appropriate information to be shared, using common formats.
- XXII. An additional option to facilitate information sharing would be to physically locate the Public Health role within health.

## Appendix 1 - Exploring Definitions of Family Support Provision

The evaluation initially set out to try and define what was meant by the concept of family support in Tower Hamlets and the Sure Start programmes there. Following on from developing an initial working definition, Cordis Bright obtained consensus among Sure Start programmes managers that the definition was representative of their understanding of family support.

Cordis Bright arrived at this definition and consensus through a scoring activity whereby each programme manager was sent a list of possible definitions and asked to score them, according to their sense of what best represented family support priorities in relation to their programme.

From this exercise, the definition reached of family support was one in which the physical and emotional well-being of parents was central. Thus the two most significant factors (in terms of votes received) were:

Figure 3: Key definition of nature of family support provision among Sure Start Tower Hamlet programmes

3. The extent to which family support services address the emotional and physical well-being of parents of young children.
4. The extent to which family support services help improve the self-esteem and confidence of parents.

The evaluation was not restricted to the above definitions alone -definition with weight was given also to a number of other key issues, namely:

Table 9: Family support definition scoring exercise – ranked results

<b>Ranking</b>	<b>Evaluation criteria</b>	<b>Score</b>
1	The extent to which family support services address the emotional and physical well-being of parents of young children.	<b>20</b>
2	The extent to which family support services help improve the self-esteem and confidence of parents.	<b>18</b>
3	The extent to which family support services engage with people in the greatest need.	<b>16</b>
4	The extent to which family support services contribute towards effective child protection processes and arrangements.	<b>13</b>
5	The extent to which family support services contribute towards the improvement of parenting skills.	<b>13</b>
6	The extent to which family support services are readily accessible by parents in the Sure Start area.	<b>13</b>
7	The extent to which family support services aid parents into entering or re-entering the employment market.	<b>11</b>
8	The extent to which family support services are universally available to all parents of young children within the Sure Start area.	<b>9</b>
9	The extent to which family support services help improve the health of young children.	<b>8</b>
10	The extent to which family support services aid parents in acquiring new skills.	<b>8</b>
11	The extent to which family support services open up and facilitate opportunities for learning among parents.	<b>6</b>
12	The extent to which family support services contribute towards educational attainment (in particular Key Stages I and II).	<b>3</b>
13	Enter your own criteria.	<b>2</b>

Those factors greyed out were looked at to the least extent in order that the evaluation had a clear focus.

## Appendix 2 - Current Sure Start Family Support Provision

### Operationalising current family support services

Family support workers at an activity session were asked to indicate the range of services which they provide, according to a number of thematic areas outlined by Cordis Bright.

This exercise sought to identify the range of services being provided and therefore the degree of commonality and the degree of difference in family support services being offered by the Tower Hamlet Sure Start programmes. The results, as provided by family support workers, are set out at Figure 4 below.

Figure 4: Sample of activities provided by Tower Hamlets Sure Start family support staff

<p>Group activities:</p> <ul style="list-style-type: none"><li>• Parents Forum</li><li>• Baby groups</li><li>• Parent and toddler drop-in</li><li>• Soft play</li><li>• Health sessions</li><li>• Play groups</li><li>• Sport activities/health sessions</li><li>• Father's group</li><li>• Time out sessions</li><li>• Baby massage</li><li>• Baby yoga</li><li>• Playbus</li><li>• Rhyme times</li><li>• Mother and toddler groups</li><li>• Health workshops</li><li>• Messy play</li><li>• Story sessions</li></ul> <p>One to one activities/support:</p> <ul style="list-style-type: none"><li>• Breastfeeding support</li><li>• Counselling</li><li>• Interpreting</li><li>• Benefits advice</li><li>• Home visits</li><li>• Accompanying to appointments</li><li>• Weaning support</li><li>• Parents advice service</li><li>• Home safety assessment</li></ul> <p>Social activities:</p> <ul style="list-style-type: none"><li>• Trips</li><li>• Parties (Bookstart, Birthdays)</li><li>• Fun Days</li><li>• Winter Celebrations</li><li>• Coffee mornings</li></ul> <p>Training:</p> <ul style="list-style-type: none"><li>• Application form workshops</li><li>• Interview workshops</li><li>• Parenting skills</li><li>• First Aid</li><li>• Anger management</li><li>• Managing children's behaviour</li><li>• Voluntary work training</li></ul>
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The information at Figure 4 is not meant to represent an exhaustive list of activities, but represents the sheer scope of services being provided under the Sure Start family support banner.

The results demonstrated a number of commonalities between the programmes with certain services shared by all the programmes, such as the running of Parents Forums to engage local parents in the design and delivery of services; a number of other activities however were unique to certain programmes and represented their own innovation.

## Appendix 3 - Outcomes of Family Support Provision

### Client related outcomes

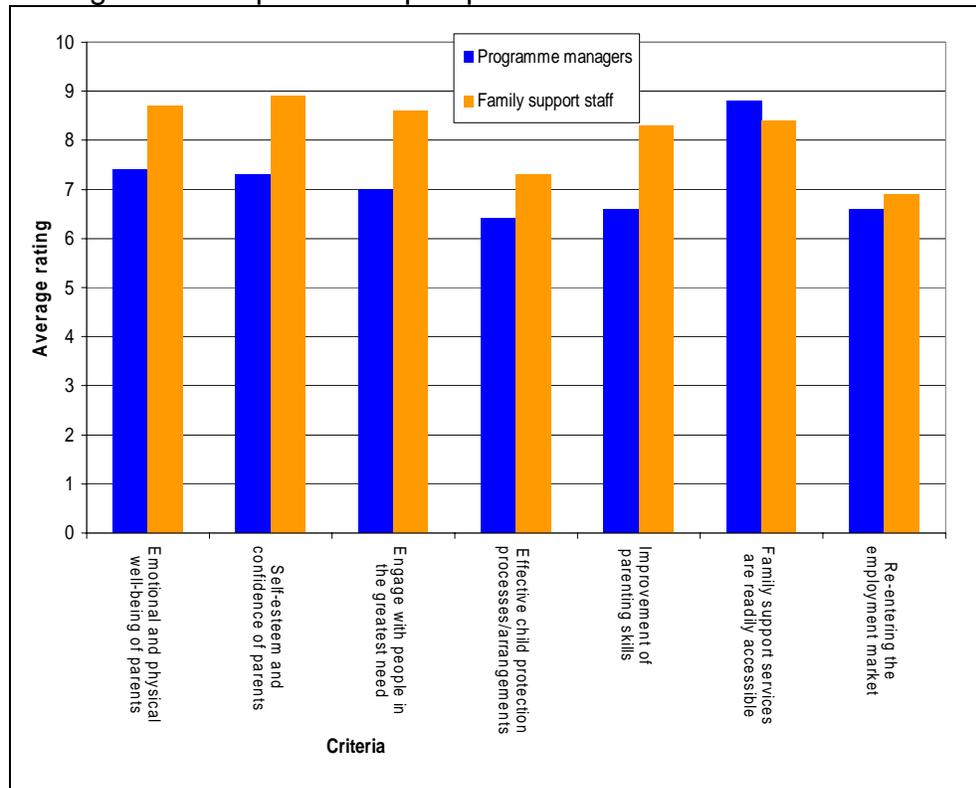
The evaluation sought to ascertain the success that the current forms of family support had had in achieving benefits for their clients (parents of young children).

### Sure Start perspective

Sure Start programme managers and those staff engaged in family support work were independently asked to evaluate the impact that they had had on parents. Both parties were asked to score the definitions of family support that constituted the underpinning of the evaluation (see Exploring definitions of family support above), using a scale where 1 was Very Poor and 10 was Excellent.

The results, averaged out by respondent group, are given below at Chart 5.

Chart 5: Assessment of impact of family support service – managerial and operational perspectives



As demonstrated at Chart 5, family support staff tended to rate the impact on parents higher than managerial staff for all outcomes bar “Family support services are readily accessible”.

More specific results were sought from programme managers and family support staff which are set out below.

**Programme managers perspective**

In interviewing programme managers, it was apparent that formal means of measuring outcomes for parents were not systematically being adopted. Thus, while all programme managers indicated that they were aware of numbers of registrations made and their performance in terms of registration of new parents, there was less confidence when asked whether they had tools to measure parental outcomes.

The comment of one manager was fairly representative when indicating that “Sure Start is working but we have not measured this. We only have

impressions such as parents saying they feel more confident and at ease.” The programme manager therefore conceded that measurement of impact was “impressionistic”.

Evidence was provided of the knock-on on services further down the line by some programmes, thus the manager of Shadwell observed that registration with libraries has increased.

### **Family Support Workers perspective**

Further feedback with regard to the impact that they had had was obtained from family support staff through a questionnaire. When asked whether they felt that they had had an impact on the local community through their work, 18 support workers stated that they felt they had and only one felt not.

When asked to indicate why they felt that they had made an impact, the majority of responses related to either the relationships that they had built up with members of the community or their sense of improvements in the levels of confidence amongst those they had worked with. A selection of quotes is provided below:

#### **Relationship with community**

- I have become familiar with the Shadwell community and feel people come to me with trust to access services.
- I have a close and trusting relationship with the parents.
- I believe my encouragement has encouraged more families to come to our settings and different activities.
- They look forward to meeting me as I look forward to welcoming them.

#### **Improvements in confidence**

- They are becoming more confident and the self-esteem has risen, more outgoing to activities.
- Success stories of people becoming more independent, going on to find work and further education.
- It has been possible to empower parents and make them part of the bigger picture.

Family support workers were asked to explain how they had arrived at the scores they gave.

## **Stakeholder perspective**

Stakeholders offered a number of areas in which family support staff had positively impacted upon outcomes for families. The key areas identified were:

- Outreach
- Accessing services
- Culturally appropriate services

### **Outreach**

Stakeholders identified a large amount of value in the ability of family support workers to take their work into the community and to deliver services from more accessible venues such as community facilities.

Stakeholders in particular noted the home visits of family support workers as a real strength.

### **Accessing services**

A health professional interviewed felt that family support workers had been “incredibly valuable” in their ability to take parents to attend groups, activities and accompanying them to mainstream service providers. As she put it, “parents are more willing to use a service if they are accompanied by a family support worker.”

One health professional noted that the specialist area within which she worked is stigmatised to some extent by some local communities. Family support therefore provides a very effective means by which parents are encouraged to utilise the service. By introducing parents to the service through someone they have a trusting relationship with – i.e. a family support worker – they have become more prepared to use the service.

A voluntary sector interviewee explored the same issue. She felt that family support workers had been, “valuable in facilitating links with professionals who use appointment systems – especially for families with difficulties. They act as a useful interface between professionals and families who are struggling.”

### **Culturally appropriate services**

There was near unanimity among stakeholders that there was an intrinsic value to family support workers to the extent that they come from those communities with whom they work. Stakeholders recognised the value in having bi-lingual staff who are aware of cultural and community issues and

are therefore able to develop and deliver services that take into account the particularities of the communities within which they work. As one health professional noted, family support staff “know what local needs are.”

### **Client perspective**

The community survey initially sought to determine the levels of usage of a variety of Sure Start services.

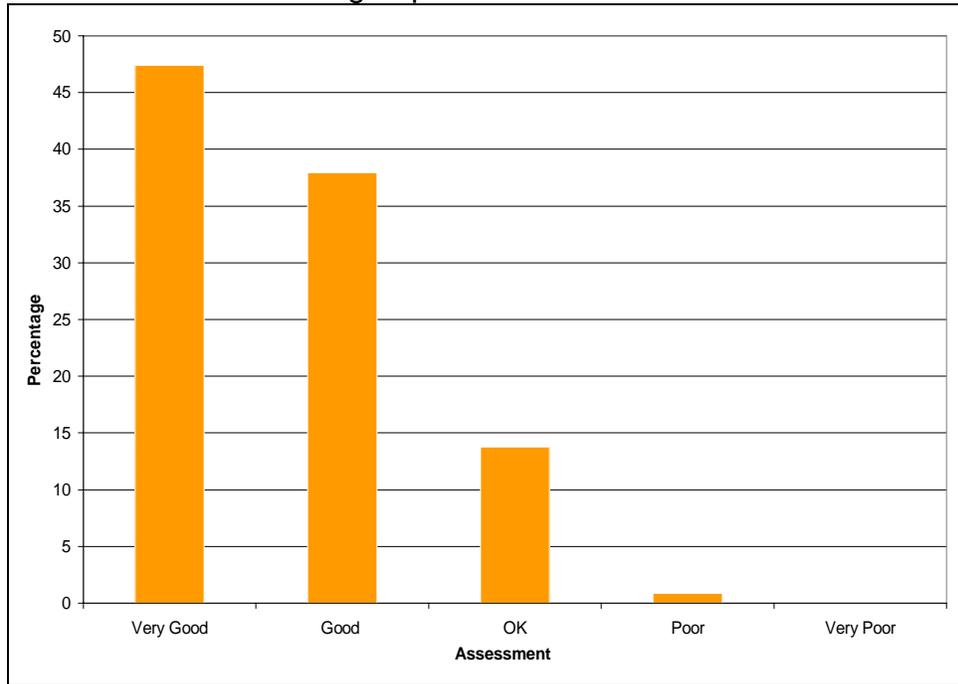
### **Group activities**

A feature common to all of the seven Sure Start programmes and their respective models of family support is the delivery of services through group settings such as Parent’s Forums, parent and toddler groups and drop-in sessions. The community survey sought to test how well received such group activities are, whether this is a form of service provision that is appropriate to the needs of parents and whether group activities produce outcomes that serve the target of the Sure Start programmes.

112 respondents stated that they had attended a group activity provided by or run by Sure Start family support workers, representing some 65% of respondents to the survey.

Of those who had utilised a group activity, the majority (85%) indicated that they thought the quality of service had been Good to Very Good. The results are given at Chart 6.

Chart 6: Assessment of group activities



The community survey sought to capture the underlying reasons for running group activities – namely the outcomes for parents for using services (which represent the ultimate aim of Sure Start service delivery).

Respondents who had used group activities were asked to indicate what they felt had been the results for them of attending groups (if any). The results are set out at Table 10.

Table 10: Respondents assessment of outcomes (group activities)

Rank	Outcome	Number of responses (actual)	As % of those using group activities	As % of survey population
1	Made friends/got to know people	90	80.4	52.3
2	More confidence	72	64.3	41.9
3	Feel better about self – physically	48	42.9	27.9
4	Feel better about self – mentally	42	37.5	24.4
5	Helped parenting skills	41	36.6	23.8
6	Developed new skills	40	35.7	23.3
7	Went on to use other groups	34	30.4	19.8
8	Went on to use other services	26	23.2	15.1
9	Time away from children	16	14.3	9.3
10	Other	5	4.5	2.9
11	None	1	0.9	0.6

As demonstrated, 80% of those who had attended a group activity indicated that it had enabled them to make friends while nearly two thirds (64%) stated that it had given them more confidence. Conversely, only 1% of those attending group activities stated that they had got nothing out of going.

### Training for parents

The seven Sure Start programmes in Tower Hamlets provide a number of training opportunities for local parents of young children either directly delivered by Sure Start staff or in conjunction with other providers in the area. Examples of training delivered include interview workshops, first aid sessions and anger management courses.

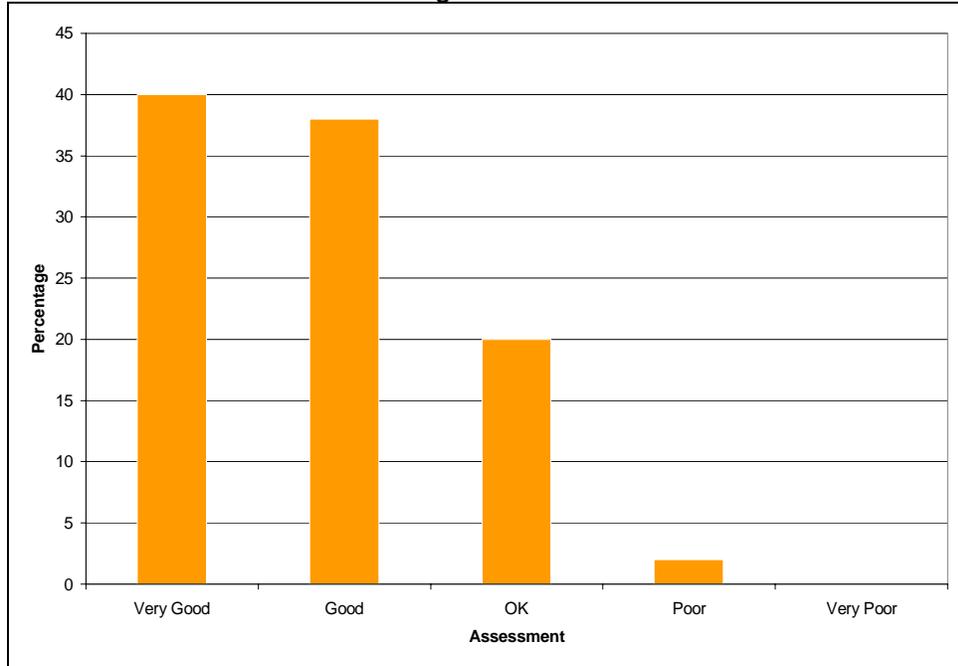
Respondents interviewed in the community survey were asked whether they had taken part in any training activities provided by or run by Sure Start (concerning the development of skills for parents).

49 of those interviewed stated that they had, representing some 28% of the survey population.

When asked to rate the quality of the training they received, a little over three-quarters of

those who had received training stated that it was Good to Very Good (78%). The results are set out in full at Chart 7.

Chart 7: Assessment of training activities



As per group activities, the community survey sought to ascertain the outcomes for parents having attended training activities. Thus parents who had attended training courses were asked to indicate what they felt had been the outcomes for them of attending. The results are set out at Table 11.

Table 11: Respondents assessment of outcomes (training)

Rank	Outcome	Number of responses (actual)	As % of those attending training	As % of survey population
1	More confidence	40	81.6	23.3
2	Made friends/got to know people	40	81.6	23.3
3	Developed new skills	38	77.6	22.1
4	Feel better about self – mentally	30	61.2	17.4
5	Feel better about self – physically	25	51.0	14.5
6	Developed work skills	17	34.7	9.9
7	Time away from children	15	30.6	8.7
8	Gained work experience	14	28.6	8.1
9	Helped me get a job	11	22.4	6.4
10	Went on to do other training	9	18.4	5.2
11	Went on to use other groups	8	16.3	4.7
12	Went on to use other services	7	14.3	4.1
13	None	1	2.0	0.6
14	Other	0	0.0	0.0

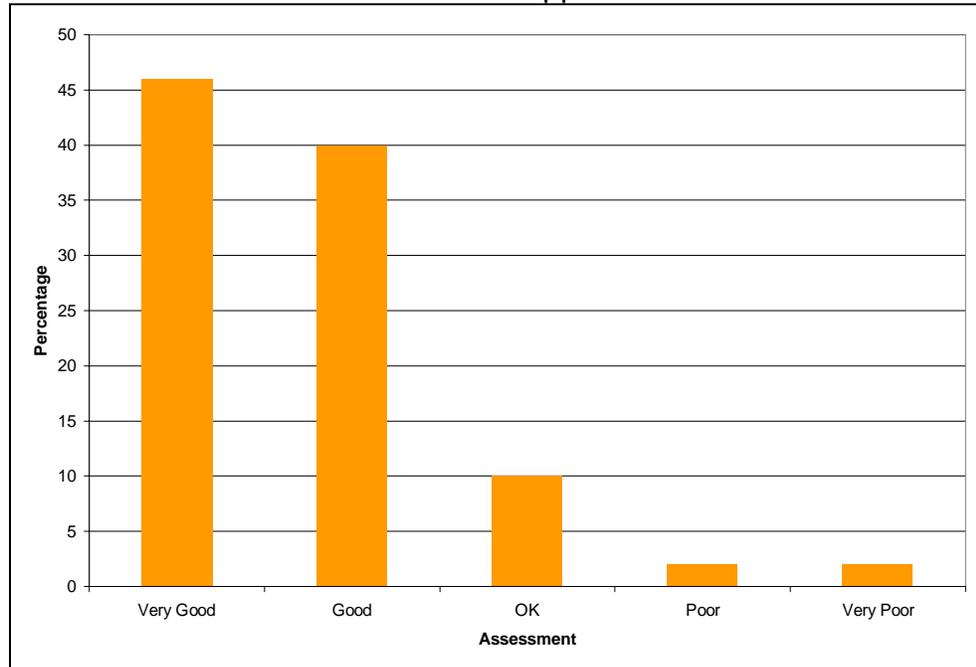
### One to one support

The survey dealt also with specific support provided by family support staff to individual families and the outcomes stemming from one to one support. The Tower Hamlets programmes deliver a number of one to one activities including breastfeeding and weaning support, counselling, parent advice service and support in accessing services.

48 respondents to the survey stated that had received some form of one to one support representing 28% of the survey population.

Those who had received some form of one to one support were asked to indicate the quality of the support they had received with the results set out at Chart 8 below.

Chart 8: Assessment of one to one support



As demonstrated at Chart 8, 86% of respondents who had received one to one support indicated that the quality was Very Good to Good.

As with the other thematic areas, respondents who had used one to one support were asked to indicate what they felt were the outcomes of having used support services. The results are given at Table 12 below.

Table 12: Respondents assessment of outcomes (one to one support)

Rank	Outcome	Number of responses (actual)	As % of those using support	As % of survey population
1	More confidence	28	58.3	16.2
2	Helped with a particular problem	26	54.2	15.0
3	Helped through a difficult time	24	50.0	13.9
4	Helped parenting skills	20	41.7	11.6
5	Feel better about myself - mentally	15	31.3	8.7
6	Developed new skills	14	29.2	8.1
7	Feel better about myself - physically	14	29.2	8.1
8	Went on to use group activities	8	16.7	4.6
9	Made friends	7	14.6	4.0
10	Went on to do training	3	6.3	1.7
11	None	3	6.3	1.7
12	Time away from children	2	4.2	1.2
13	Other	2	4.2	1.2
14	Went on to use other services	1	2.1	0.6

As with the other thematic areas, confidence was cited as one of the primary outcomes from one to one support. Following on from increases in confidence were issues more specifically related to one to one support with a little over a half of those in receipt of support indicating they had been Helped with a particular problem and exactly half stating that it had Helped through a difficult time.

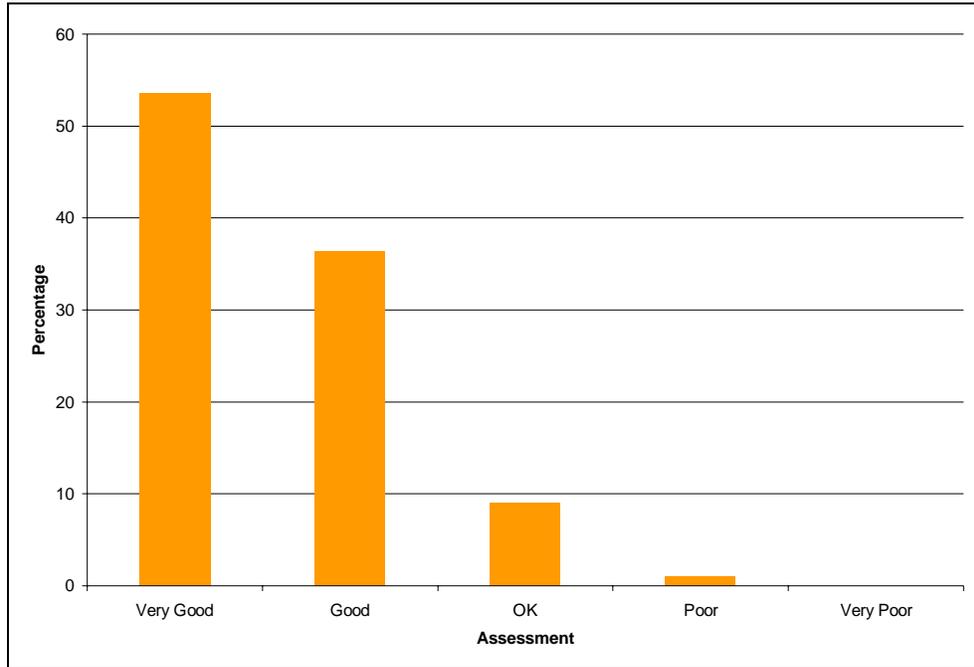
### **Social activities**

The final generic area analysed related to social activities as offered by family support workers. Social activities offered by the programmes include trips, celebration events (such as Winter and Eid celebrations) and birthday parties.

94 respondents (or 54% of the survey population) interviewed in the community survey indicated that they had used or attended a Sure Start social activity provided by or run by family support workers.

As with the other thematic areas, satisfaction levels for social activities were very high with 90% of respondents indicating that they thought they were Very Good to Good. The full results are given at Chart 9.

Chart 9: Assessment of social activities



Respondents who had used or attended a social activity were asked to indicate what they felt the outcome had been with the results given at Table 13.

Table 13: Assessment of outcomes (social activities)

Rank	Outcome	Number of responses (actual)	As % of those attending activities	As % of survey population
1	Made friends	80	85.1	46.2
2	More confidence	55	58.5	31.8
3	Feel better about myself - mentally	52	55.3	30.1
4	Feel better about myself - physically	44	46.8	25.4
5	Went on to use other social activities	35	37.2	20.2
6	Went on to use group activities	28	29.8	16.2
7	Developed new skills	26	27.7	15.0
8	Helped parenting skills	26	27.7	15.0
9	Went on to use other services	14	14.9	8.1
10	Other	9	9.6	5.2
11	None	6	6.4	3.5
12	Time away from children	5	5.3	2.9

As would be expected as an outcome stemming from a social activity, the most commonly cited outcome was that respondents had Made friends. Again, a large proportion of respondents indicated that using family support provided activities had improved their confidence.

## Appendix 4 - Quality of family support provision

The evaluation sought to determine the quality of the services as provided by Sure Start family support staff. Stakeholders (through one-to-one interviews and questionnaires) and service users (through focus groups and the community survey) were asked to give their appraisal of services from their perspective.

### Sure Start perspective

#### **Programme manager perspective**

The means by which quality of service provision was assured was found to be related to the structure of service provision. Thus those programmes that had commissioned family support services through the local voluntary sector (namely Bromley to Burdett and Weavers and Spitalfields) both felt that this helped ensure the quality of service provision.

As the manager at Bromley to Burdett noted, by utilising existing structures and services Sure Start was linking up with services that were “already doing things well”. Local providers had built up good relationships with local parents and had a good deal of knowledge about the local community, meaning that Sure Start was effectively drawing upon this and using it as a guarantee of quality. The manager of Weavers and Spitalfields made similar observations and noted that the programme had used the “credibility” of the local voluntary sector.

Where family support was provided in-house (be it through dedicated posts or a function of all staff), quality was related to the development of a multi-skilled team and their experience. Through frequent training, managers sought to build the skills of their teams and thus ensure that they were providing high quality services.

The quality of services was also identified as a function of the relationship that staff had with the community. Thus one programme manager felt that the services being provided were appropriate to the community and were of a good quality since the family support workers had a good relationship with local parents and so knew “how parents tick” and so were able to offer services accordingly.

### Client perspective

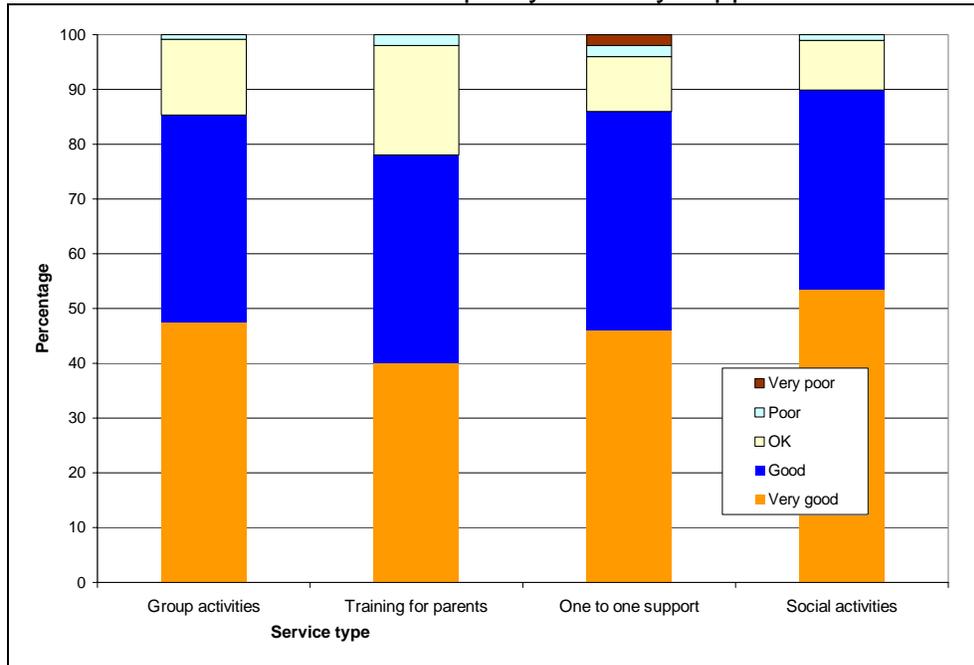
The community survey was the primary means by which parents living in the Tower Hamlets Sure Start catchment areas were able to give their views of family support services.

Given the broad spectrum of activities offered by the different programmes, the questionnaire asked parents to evaluate services according to generic headings, namely:

- Group activities
- Training (for parents)
- One-to-one support
- Social activities

The results from the community survey per generic area are given below at Chart 10.

Chart 10: Client assessment of quality of family support services



As demonstrated at Chart 10, satisfaction with family support services was very high among clients. Thus:

- 85% of parents felt that group activities are Good or Very Good.
- 78% of parents felt that the training they received was Good or Very Good.
- 86% of parents felt that the one-to-one support they received was Good or Very Good.
- 90% of parents felt that the social activities they had attended were Good or Very Good.

### Stakeholder perspective

In the stakeholder questionnaire, respondents were asked to evaluate the quality of family support services as offered by Sure Start. The results are set out below at Table 14.

Table 14: Assessment of quality of family support services (actual numbers)

Very Good	Good	OK	Poor	Very Poor
0	5	8	6	0

The results indicate an even balance of responses between stakeholders; thus while the most common response was that family support services are OK, almost as many stakeholders felt that services were Poor as thought that services were Good.

In the interviews with stakeholders, specific issues relating to the quality of Sure Start provision were identified. The key themes that were identified were:

- Training/qualifications
- Experience
- Professional boundaries
- Clarity of roles
- Management

Each of these issues is dealt with in some depth below:

#### Training/qualifications

Several stakeholders interviewed indicated concerns about the qualifications and training of family support staff across the Tower Hamlet Sure Start programmes.

One health professional observed that family support workers currently engaged by the Sure Start programmes have lower levels of qualifications than they would have expected. The interviewee felt that this was as

product of employing staff from the local community. Although recognising that this was a positive employment practice, the stakeholder noted that in practice it meant that family support staff required a lot of training to develop the basic skills required.

Several issues were raised by a number of stakeholders that stem from the low level of qualifications held by family support staff.

An issue identified a number of times was the lack of child development skills/qualifications among numbers of family support workers. Stakeholders pointed out that without training in child development, staff would be unaware of key developmental milestones and so could possibly overlook problems that were developing (be they related to speech, behaviour and so forth).

Stakeholders emphasised that family support staff needed to be able to make accurate assessments of young children if they were to be as effective as possible, and accurate assessments inherently involved the need for child development knowledge. As one voluntary sector provider argued:

“Outreach is not easy work – you need highly trained staff to really observe what is happening in the family environment.”

One voluntary sector provider felt that family support staff do not necessarily have the skills to deal with families with complex needs and so were not best placed to work with families with high levels of need.

A stakeholder with a health background, noting the amount of training required by family support workers, drew attention to the time pressures that this placed on their roles. The interviewee felt that family support workers were having to spend large parts of their working week in training to develop the skills that they required, thereby reducing the amount of service delivery available to them (and therefore parents in the community). As another health professional observed, the extent of on the job training meant that progress was more difficult in service delivery as a result.

### Experience

The issue of experience was related strongly to that of training and qualifications (see above). A number of stakeholders expressed reservations about the extent of experience among Sure Start family support staff.

Thus stakeholders recognised that some of those employed as family support workers had strong backgrounds in a relevant field, be it through working for another organisation undertaking similar work (for instance FWA), through voluntary work or through experience with working with children. Concern was expressed about a number of staff however who, from the stakeholders' perspective, had no apparent relevant experience. Questions were asked about the ability of such staff to function effectively in their field, and their ability to offer a quality service.

Related to training around child development (see above), a number of stakeholders had particular misgivings about family support staff with no background in working with children. Such stakeholders invariably raised the concern that staff with no background in working with children would be ill-placed to identify child development issues and so could miss out on signs that would be apparent to other professionals. By missing out on such signs, they also missed out on the chance to step in and make a referral to a specialised agency or provider.

The lack of experience was felt by some stakeholders to be detrimental to their chances of working successfully with parents. For instance, some stakeholders mentioned more specifically the age of family support workers and stated that the younger support workers may "lack credibility" in the community due to their age, especially where they are not parents themselves.

### Professional boundaries

A number of stakeholders made comment on the issue of the professional boundaries of staff. While this was a concern expressed most often by interviewees in the statutory sector it was by no means limited to such respondents, and it was an issue highlighted by some in the voluntary sector also.

The notion of professional boundaries is a broad one, but in this context, largely related to the ability of family support staff to recognise the limits of their roles and capabilities, to identify the point at which a family or individual client needed to be referred on to another member of staff (be it Sure Start, commissioned provider or mainstream provider) who would be better placed to meet their needs.

As such there was as concern that family support workers were “holding on” to parents and trying to intervene and work in situations that were beyond the scope of their training and experience. A result of the failure of family support workers to withdraw from some families is the creation of a new sort of dependency with the family now over-reliant on a support worker. This was a phenomenon identified by a number of stakeholders. One voluntary sector interviewee plainly stated it thus:

“I am not sure if they are empowering parents or making them more dependent.”

A health professional interviewed indicated that another feature of the problem over professional boundaries was that some parents seemed to be exerting pressure on family support workers to stay engaged with them and so were making it harder for the staff to withdraw support.

One voluntary sector provider felt that the failure to disengage with clients was due to a failure at the management level. The interviewee noted that Sure Start programmes seem to lack clear exit strategies - such as those adopted by other providers working in the field – and so staff are not clear when and how they should be withdrawing support.

### Clarity of roles

Some of the stakeholders interviewed expressed concerns about the clarity of the family support worker role. As one voluntary sector interviewee observed, “family support is not cohesive and is open to interpretation.”

It was acknowledged by stakeholders that the lack of clarity stemmed from the initial development of family support posts with a number of those interviewed arguing that there had been a lack of conceptual clarity when the posts were initially devised. As such, the critique here tended to be of management rather than the operational teams.

Those with concerns about the clarity of posts felt that the roles had been conceived too broadly and that this was impeding the ability of family support staff to work effectively. One health professional felt that the lack of clarity at the outset had meant that the role of family support worker in some programmes were having to develop as the programmes develop.

Others observed that the broadly defined roles created unrealistic expectations on a family support staff. As a voluntary sector stakeholder

stated, family support workers are currently “expected to know a little about everything” which was felt to be an unrealistic burden for them.

### Management

Another issues repeated by a large number of stakeholders was to do with the management of family support staff. A very clear consensus emerged that family support workers are dependent on good management to function effectively, and that their relative success and failure across Tower Hamlets was correlated to a large extent to the management structures that were in place across the Sure Start programmes. As one voluntary stakeholder stated:

“Some of the family support workers are not well supported and have been poorly line-managed and so there has not been enough support to help them in their role.”

A health professional felt that, given that a number of family support work have limited experience, they needed line-management support to help them with day to day activities such as diary and time management.

Other issues raised were:

- **Registering**  
Family support workers have been focused on registering parents which means that this has detracted from the work of delivery of services and focusing on outcomes. As one stakeholder put it, “family support workers seem more interested in ticking boxes and registering parents than getting them to use services.”
- **Signposting**  
Not all family support workers seem to be very good at drawing upon other services in Tower Hamlets and signposting parents on to other services accordingly. One voluntary provider spoke of the tendency of support workers to refer only to other Sure Start services.

## Quality of family support service in context

To take into account the context within which Sure Start services operate the stakeholder questionnaire sought to establish whether the introduction of services had represented an improvement on the situation pre-Sure Start, that is whether the delivery of Sure Start services had represented an advance in family support services in Tower Hamlets.

Table 15: Assessment of extent to which Sure Start family support represents an improvement in family support services in Tower Hamlets

Great improvement	Little improvement	No change	Little decline	Great decline
6	10	3	0	0

The results indicate that stakeholders feel that Sure Start family support services have resulted in an improvement in family support services throughout Tower Hamlets with the majority of respondents (10 stakeholders) indicating that Sure Start had resulted in a Little Improvement on pre-Sure Start service provision.

Given the existence of a number of other family support services in Tower Hamlets, the questionnaire sought to test the quality of Sure Start provided family support against those offered by other agencies and organisations as measured in terms of the impact of the service. The results are given at Table 16.

Table 16: Assessment of statement “Sure Start family support services are yielding better outcomes than other family support services in Tower Hamlets”.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2	1	11	1	2

As demonstrated at Table 16, the majority of respondents (11 stakeholders) did not feel that Sure Start services represented a better service or worse in terms of the impact on parents; notable also is the equal balance between stakeholders agreeing with the statement as those disagreeing.

## Appendix 5 - Specific outcomes

### Working with hard to reach families

Additional focus was given to the extent to which family support workers had been able to engage with those families deemed to be “hard-to-reach” – namely those who were not in contact with mainstream services at all, or who used them only minimally, and who might also be marginalised and isolated.

#### Sure Start perspective

The success of family support workers in reaching hard-to-reach families was tested against both the managerial and operational perspective with each presented below.

#### **Programme manager perspective**

Managers, when interviewed emphasised the knowledge their family support workers had of the communities within which they operate and most managers were confident that they knew which families were hard-to-reach with respect to their programme.

Managers indicated specific strategies that had been adopted. Therefore in the case of Teviot and Chrisp Street, specific work had been carried out in visiting non-registered families; in Shadwell members of the Parent’s Forum were encouraged to identify parents they knew in their area who were not registered and bring them to Sure Start activities.

Some managers acknowledged that they had found it difficult to break down the barriers to certain groups of parents. It was commonly agreed that they knew who constituted the hard-to-reach but also knew that they were not engaging with their respective programmes. As one manager acknowledged:

“We don’t do as well as we might do. We provide a good range of services but we know that they are not engaging with all parents.”

Managers of 5 programmes stated that they had a hard-to-reach strategy although one further admitted that they do not refer to this document.

### **Family support worker perspective**

Family support workers felt that they were well-placed to reach hard-to-reach families given their own knowledge of the communities within which they work. Thus family support workers indicated that they were aware of local cultural issues and, given the bilingual skills of many staff, were able to navigate around what other professionals would identify as language barriers.

Strategies employed by family support staff included providing specific services aimed at ethnic/cultural groups in order to improve access to these communities such as had been undertaken in Around Poplar (who had devised particular activities for Vietnamese, Chinese and Somali parents); other programmes such as Bromley to Burdett had undertaken a needs analysis of the local community to determine service needs; others had created links with local community organisations and faith groups in order to improve their links with the community such as the work of the staff at Shadwell with Darul Ummah.

### **Stakeholder perspective**

In addition to the perspective of those within the Sure Start programmes, stakeholders were also asked to evaluate the extent to which they felt family support had been able to access hard to reach families. Their assessments are given at Table 17.

Table 17: Assessment of extent to which family support services access hard to reach families

A lot	A little	Not at all
3	15	1

The results at Table 17 clearly demonstrate that stakeholders feel that Sure Start family support is having some success in accessing hard to reach families but that this success is modest.

The issue of contact with hard to reach families was additionally explored in the one-to-one interviews with stakeholders. In this context, where the issue could be explored in more depth interviewees generally reinforced the results at Table 17 in indicating that some progress had been made, but that this was relatively modest.

A number of those interviewed expressed some concern that initial contact was being made with hard-to-reach families but that this did not necessarily translate into actual service usage on the part of parents. Thus, as one health professional noted, family support outreach has tended to be successful in achieving an initial visit with almost all families, but the actual take-up of services following on from the visits falls away.

One interviewee from the voluntary sector felt that family support had succeeded in gaining access to 80% of parents within any given area, but tended to fail to link up with the 10% most hard-to-reach families in the area – namely those families with the greatest need for assistance and support. This was emphasised by another voluntary sector interviewee who felt that the kind of activities on offer tended to attract families with lower levels of need and were not particularly useful in encouraging participation among the most vulnerable.

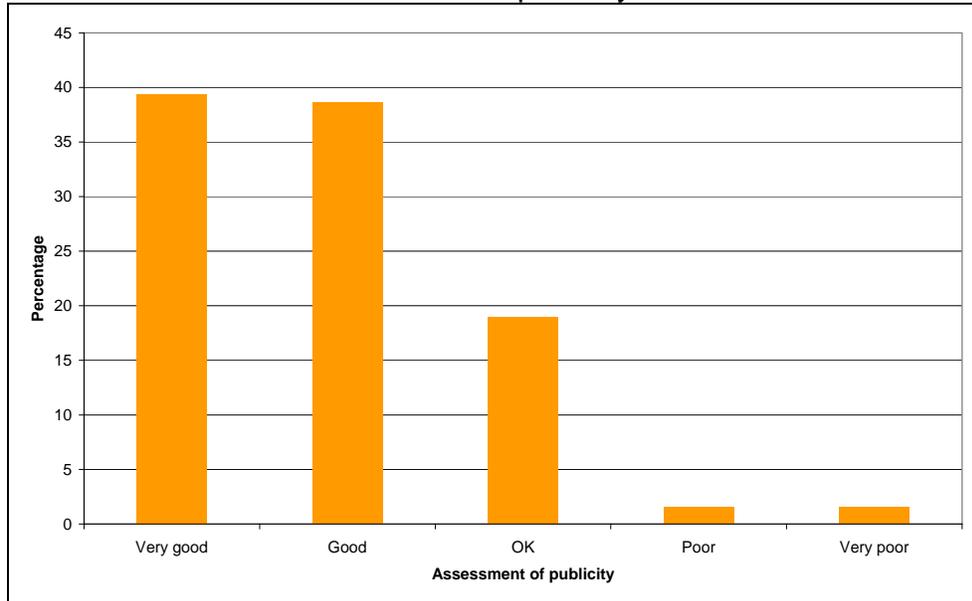
### **Client perspective**

The ability of family support workers to engage with communities was tested through the community survey by exploring the issue of publicity. Whilst good publicity is clearly not a panacea that can overcome barriers to service usage, it is a useful guide in determining how well known the Sure Start programmes are among their client groups whether some parents are hard to reach by dint of not having heard of Sure Start.

82% of respondents to the community survey indicated that they had received information from a Sure Start programme.

Those who had received Sure Start publicity materials were asked to rate the quality of what they had received with the results set out at Chart 11.

Chart 11: Assessment of Sure Start publicity



Given the extremely heterogeneous nature of the Tower Hamlets population the questionnaire also sought to determine whether or not the information that they had received was in a language that they had found to be appropriate. When asked, 91% of respondents felt that the language of publicity materials was appropriate.

## Child protection

### Programme manager perspective

With regard to the ability of their staff to contribute towards effective child protection work, managers described a mixed picture.

All the managers interviewed stated that they had a child protection policy/protocol which staff worked towards. Furthermore all managers indicated that family support staff had received some degree of training with regard to child protection issues.

While child protection training was universally delivered to staff engaged in family support work, variations were apparent between the programmes. Thus at Collingwood the manager noted that staff have been trained to

different levels with those who engage in home visits receiving high levels of training.

Some managers felt that there was scope for improvement in the ability of their staff to work effectively in a child protection context:

- One manager acknowledged that, whilst staff had been trained, they felt that family support staff would not necessarily know what to do in the event of a child protection case and so staff would refer any suspicion of child protection issues on to them rather than dealing with it themselves.
- A manager indicated that, while training had been provided, they were not sure how up to date this training was and that there was still room for further improvement.
- A manager felt that staff were not always picking up on the signs associated with children at risk and were missing the more subtle indicators, for instance staff failed to explore the reasons why parents might fail or refuse to use services. As such the manager felt that the staff needed to have their skills heightened.
- One manager observed that they were not sure how clear family support staff were about how and when to make referrals in child protection cases and that they were not sure of the confidence and experience in initiating child protection procedures. It was noted that this was a result of not having employed staff with the right levels of experience and skill.

### **Family support worker perspective**

Relating to their ability to identify issues around child protection, family support workers consistently stated that they had been trained with regard to this area. Thus staff indicated that they knew of correct policies and procedures to follow, for instance the staff of Weavers and Spitalfields noting that they “Understand our roles and referrals systems”.

Whilst generally confident, the family support workers at Bromley to Burdett indicated that they accepted the need for “More training and awareness” through the medium of “Continuous (on-going) refresher courses.

## Employment

Given that the Children's Centre agenda explicitly includes facilitating parent's return to work, the evaluation was used as an opportunity to determine to what extent Sure Start programmes were already working towards this, and therefore the ease with which services could be transferred to the Children's Centres.

### **Programme manager perspective**

When interviewed, managers were frank about the extent to which they had worked to move parents into employment and the successes which they had had.

One programme manager admitted that efforts around employment were not co-ordinated and that family support workers neither did enough, nor were sufficiently equipped to be able to work around this issue.

Some managers noted that employment was not a priority for them due to the fact that a lot of parents are not in a position (due to lack of skills, confidence, language skills, self-esteem, qualifications, work experience) to go into work. It was observed that those parents being supported by family support workers "tend not to be the ones that are ready to go to work" as they "are not coping enough". Some managers therefore felt that Sure Start was better aimed at helping parents to reach a stage whereby they felt more able to think about employment, but that a lot of this groundwork still needed to be done. Thus, as one manager observed, the programme had not got a lot of people into work but this remained a "long-term goal".

A number of joint ventures had been started such as between Weavers and Spitalfields and Collingwood and Stepney who share an employment and training worker to start tackling this particular issue. Other programmes such as Around Poplar had linked in with Jobsearch and indicated that family support staff were asked to identify the training needs of parents.

Some programmes offered voluntary placements in order that the barriers to employment noted above (lack of skills, confidence and so forth) could be tackled in a supportive environment. Sure Start Shadwell for instance offers both voluntary opportunities and work placements within the programme

while Ocean have a volunteer co-ordinator linked to Tower Hamlets Voluntary Support Bureau.

### **Family support worker perspective**

Feedback from family support staff reflected the views of programme managers with staff from some programmes identifying more need for improvement than those from others.

Staff who were most positive about their ability to facilitate parent's return to work noted that they were working in conjunction with other service providers and specialist providers and had contacts with employment agencies as was the case for Bromley to Burdett.

As the staff from one programme noted "There is room for improvement" but noted that work was in hand and that they were "currently working on a training and volunteering scheme."

Some staff felt that one means by which parents could be helped into work was through Sure Start providing crèche and childcare facilities. Thus the family support staff from the Ocean indicated that they did not have the facilities for parents to be able to leave their children and felt that this was affecting their impact.

### **Client perspective**

The results from the parent focus groups reflected the different experiences of the programmes in offering help in returning to work.

Parents at one focus group felt that the programme was helping. A regular Monday morning session was held at which specialised staff looked at job adverts with parents and assisted with CVs. More general family support staff kept them aware of training opportunities that were available in the area and informed them of other services as well.

The parents from one programme stated that they were not aware of anything the programme was doing in order to help them return to work. They very clearly emphasised that they *were* interested in returning to work. The

Parents from a number of focus groups indicated that wanted formal qualifications that were more clearly job related in order to help them find work in the future. Parents stated that they wanted recognised qualifications

such as BTEC and NVQs and felt that their lack of such qualifications was currently holding them back.

## Appendix 6 - Working with other providers of services

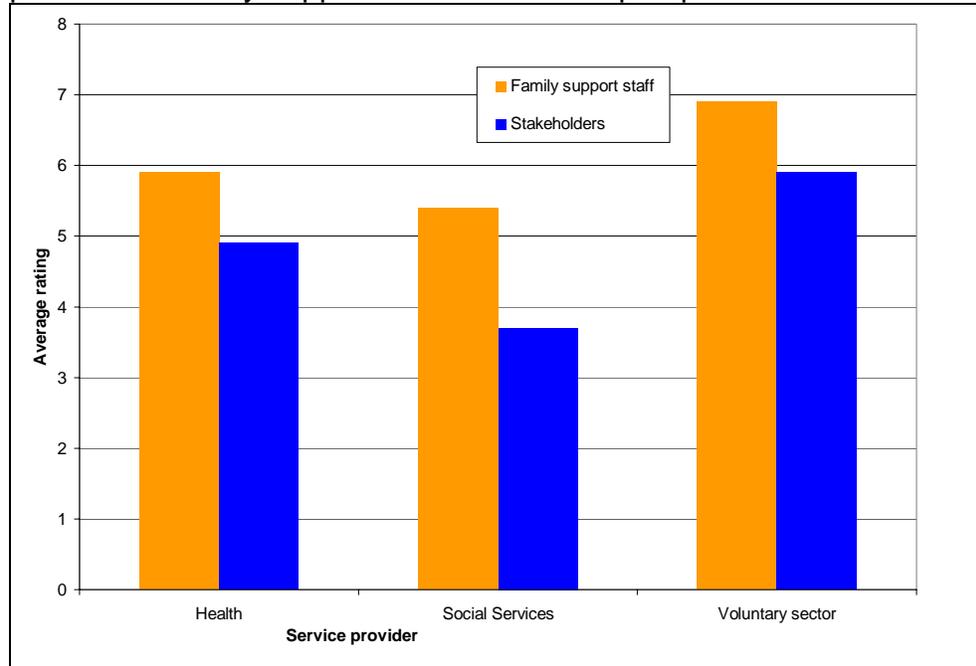
The research indicated that family support is necessarily just one service situated within a nexus of services provided by organisations other than Sure Start.

The evaluation therefore sought to determine how well family support was linked in with other service providers, thereby giving an idea of how well referrals are being made and the range of services that family support staff are collaborating with.

In the course of the evaluation, both stakeholders (drawn from the voluntary sector and health agencies) and family support staff were asked to rate how well Sure Start family support works alongside other providers using a scale where 1 is Very Poor and 10 is Excellent.

The results, averaged out by respondent group, are given at Chart 12 below.

Chart 12: Assessment of co-ordinated working with other service providers – family support and stakeholder perspective



As demonstrated at Chart 12, family support staff tended to give a higher rating regarding the degree of co-working with other stakeholders than did the stakeholders themselves.

Both parties indicated that the best co-working was to be found between Sure Start family support staff and voluntary sector providers; conversely both parties concurred that the poorest co-ordination was to be found between Sure Start family support staff and social services.

## Work with health

### **Programme manager perspective**

Managers interviewed described a range of relationships with mainstream health providers.

One manager spoke of a very good relationship and evidenced this by the number of services commissioned through health. One programme who described a particularly productive relationship felt that this was due to the fact that they had a member of staff who had returned to mainstream health provision and so had been able to utilise and build on this relationship. In addition, the programme noted that it had established a policy of joint-working through joint visits namely psychology and health visiting.

A more negative picture was depicted by another manager who admitted that expectations of health varied, and at the front-line level was one of outright “suspicion” of Sure Start. As such, the manager noted that it was necessary to work at the relationship and this had been done by meeting health professionals.

### **Family support worker perspective**

Family support workers noted that they undertake co-working with mainstream health providers and make referrals where appropriate and so were largely positive about their working relationship with health providers.

### **Stakeholder perspective**

A mixed picture of success was offered by stakeholders when questioned about the working relationship between Sure Start family support and mainstream health providers. One statutory sector professional (not from health) felt that there were not enough structural links with health and that

much of the success depended on inter-personal relationships as a result. Part of the blame for these lack of structures was laid by the interviewee on the PCT.

Interviewees described problematic relationships with specific aspects of health, for instance one health professional noted that one Sure Start had experienced problems with local health visitors whom they had found it very difficult to engage with.

In part, where problems existed in working alongside health, it was felt that this was due in part to tensions within the health service. Thus one voluntary sector interviewee felt that Sure Start's had worked well where there was a post in health to work alongside. Given that there are a large number of posts unfilled in health, this has in turn hampered the ability of Sure Start programmes to operate.

Positive relationships with health were also identified as well. Thus one health professional working for a Sure Start commissioned service felt that the programme had developed an excellent working relationship.

## Work with social services

Given the issue of child protection, and the potential for family support workers to meet families who present child protection issues, the evaluation sought to examine the relationship between family support workers, Sure Start and social services.

### **Programme manager perspective**

Managers described a range of experiences with social services in Tower Hamlets, ranging from strong and productive relationships to none whatsoever.

Relationships with social services were positive at Sure Start Collingwood and Stepney where the manager described social services having contacted the programme to ask them to get involved with particular families. The manager described regular dialogue with social services and an overall good working relationship. Conversely, at Around Poplar, it was noted that there is a representative from social services on the Partnership Board but that the programme had no relationship with this agency at the operational level.

In exploring the issue of the relationship with social services, one manager noted that there is an issue of staff turnover within social services. The manager pointed out therefore that while they had informed social services of the services they offer and are in a position to offer, staff turnover has meant that this knowledge is often soon lost.

The interviews with managers made it readily apparent that linkages with social services were due to personal relationships and were not a product of structural links or planning. Thus, where programme managers knew of staff in social services, or had worked with staff in social services, relationships were described as being good; where there was no history or personal knowledge of social services staff, then relationships were far more fragmentary or non-existent.

### **Family support worker perspective**

As per the assessment of programme managers, family support staff described a range of relationships with social services, with their appraisal closely chiming with those given by their managers. Thus, for instance, the family support workers at Collingwood and Stepney stated that they “Work closely with social services” whilst staff from the Ocean felt that they “Need to build a better relationship with social services in order to have a better partnership in order to have a quality service for families in need.”

### **Stakeholder perspective**

While not all stakeholders interviewed were able to comment on the relationship between Sure Start programmes and social services in Tower Hamlets, those that did generally indicated that relationships were minimal and fragmentary. One statutory sector professional summed up the situation as being one of “Miscomprehension on both sides about how they might work together.”

One health professional engaged in a Sure Start commissioned service felt that social services had been very difficult to engage with. She described individual relationships that had proven to be successful, but felt that at a programme level, the relationship had proven to be much more difficult, and therefore not very productive.

One voluntary sector provider of a Sure Start services stated that she was “Very sad” about the relationship between social services and Sure Start and felt that social services “had missed an opportunity to get involved in Sure Start.”

By and large, while stakeholders consistently described poor relations with social services, the consensus was that social services had a large part to play in this situation. Thus one health professional stated that a number of meetings had been set up with social services but these had “failed”.

## Work with the voluntary sector

It was apparent in the course of the evaluation that the extent of the relationship between the Sure Start programmes and the local voluntary sector varied substantially. At one level, (as indicated at Table 2), Bromley to Burdett and Weavers and Spitalfields had engaged with the local voluntary sector to the extent of commissioning their family support work through voluntary providers (namely the Jagonari Centre, St Hilda’s, Poplar HARCA and the Bromley by Bow Centre). At the other end, relationships with the voluntary sector were scarce.

### **Programme manager perspective**

Programme managers variously described “a very rich voluntary sector locally” (Weavers and Spitalfields) to very little voluntary sector presence in the area (Shadwell). To a large extent then, work with the voluntary sector was shaped by the presence (or lack of) of local voluntary sectors partners to work with.

### **Stakeholder perspective**

Stakeholders tended to offer a mixed picture of the relationship between Sure Start and the voluntary sector.

One interviewee from the voluntary sector candidly described the spectrum of Sure Start work with the voluntary sector as “Varying from programme to programme from very good to appalling,” The interviewee felt that, in some circumstances, programmes had helped to capacity build the local voluntary sector, whilst in other programmes, she felt the voluntary sector had been “by-passed”.

Elaborating on the spectrum of results, an interviewee from the statutory sector felt that Sure Start had proven to be a bonus for larger voluntary sector organisations who had been successful in obtaining funding, but that smaller groups had not fared so well.

In describing a specific problematic relationship, a health professional interviewed who provided a service commissioned by a Sure Start programme stated that the programme had very little contact with the voluntary sector and that it was the poorest relationship in the programme. She felt that the problem was a result of mixed expectations on both sides about what Sure Start can and has provided. This has led to a “strained relationship” evolving.

A concern was expressed by a voluntary sector provider that family support workers do not seem to be making referrals (in her experience) to the voluntary sector and that referrals were largely between Sure Start services. The interviewee felt that this wasted an opportunity.

As with health, the experiences of other stakeholders were very positive, with one voluntary sector interviewee going as far as describing Sure Start as being “essential” to the effective functioning of one aspect of her organisation’s work.

## Client experiences of Sure Start co-working

To test the impact that Sure Start family co-operation (or lack of) with other service providers was having on clients, the community survey asked parents whether family support workers had informed them of other support services available to them.

56% of parents stated that they had been told of other support services and 35% of parents reported having gone on to use a service recommended.

Respondents were asked to indicate what kind of service they had been told about with the results set out at Chart 13.

Chart 13: Type of service parents informed about by family support staff\*

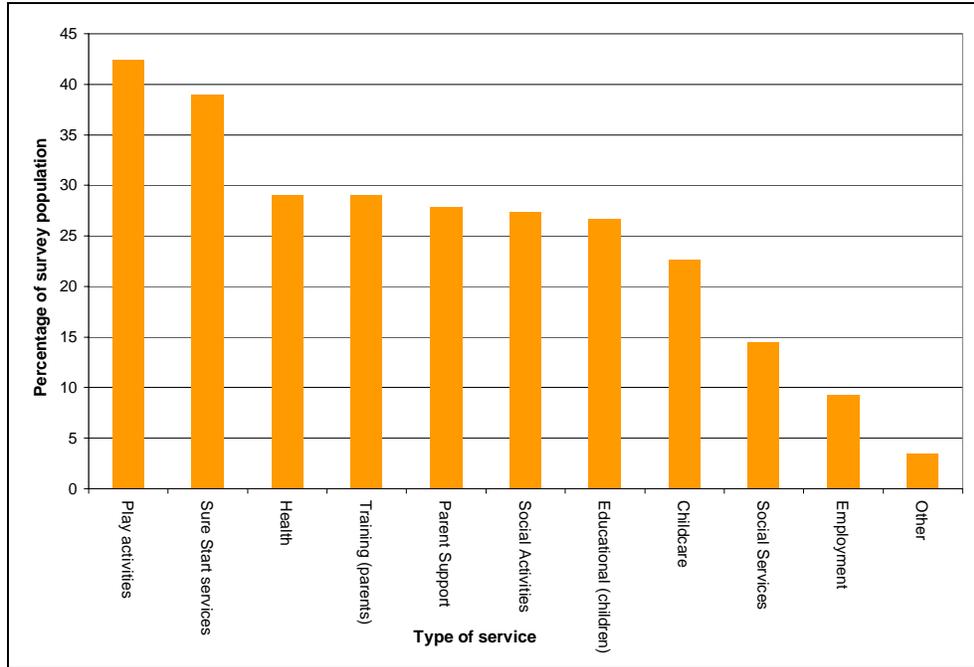


Chart 13 demonstrates that parents of young children were most commonly informed about play activities available to them followed by other Sure Start services.

\* Note – figures add up to more than 100% since respondents report being informed about several services.

## Appendix 7 - Perceptions of Sure Start Family Support Staff

The evaluation process sought to ensure that the views of family support staff were included about wider issues than quality of service provision and impact on parents. Support staff were therefore asked to give their opinions on a range of matters including training and professional development and job satisfaction. In total 21 surveys were returned.

Unfortunately no returns were received from either the Weavers and Spitalfields and Teviot and Chrisp Street programmes and so the results must therefore be read accordingly.

### Background of Family Support Workers

To help refine the picture being developed throughout the evaluation regarding family support workers, a questionnaire was circulated among family support staff to determine what work support staff had done prior to the current post.

Table 18: Background prior to becoming family support worker\*

Worked with children	Community work	In education	Other	Voluntary work	Language support
7	7	7	4	4	1

The results at Table 18 demonstrate a wide range of previous experience among family support staff with prior work with children and community work the two most commonly cited factors.

The results demonstrate that there is no clear background or experience common to family support staff given that the two most commonly cited areas are cited by a minority of respondents.

The results further demonstrate that, to a number of support staff, family support may well be their first job, with 7 respondents indicating that they were previously in education.

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\* Respondents were able to indicate more than one area of previous experience therefore the totals add up to more than the number of respondents.

The questionnaire also sought to ascertain how long staff had worked for Sure Start with the results set out at Table 19.

Table 19: Length of time spent as a family support worker

0 – 6 months	7 months – 1 year	1 – 2 years	2 – 3 years	3 – 4 years	4 years plus
4	4	9	2	0	2

Given the various life spans of the Tower Hamlets programmes, the results at Table 19 are to be expected. Of some interest 8 family support workers had begun working in the last year.

## Training and professional development

### Training

Initially, family support workers were asked what skills they thought were necessary to be able to function in the post. Those skills cited by more than one respondent are given below at Table 20.

Table 20: Skills necessary to be a family support worker

Course	Number of citations
Communication skills	8
Listening skills	8
Interpersonal skills	6
Empathy	6
Awareness of family issues	5
Supportive	4
Knowledge of local communities	4
Knowledge of service provision	4
Cultural awareness	4
Patience	3
Friendliness	3
Non-judgemental	3
Understanding children's needs	3
Language skills	2
Assertiveness	2
Observational skills	2

As demonstrated at Table 20, there was a clear emphasis on interpersonal skills rather than work specific skills and training.

Family support staff were asked how important they felt training was to their effective functioning.

Table 21: Assessment of importance of training to effective functioning of family support workers

Very Important	Important	Not Important	Not at all Important
13	4	0	0

The results at Table 21 very clearly demonstrate that family support workers place a great deal of importance on training within their role with a very clear majority indicating that it was Very Important to them.

Following on from this, family support staff were asked whether they had received enough training in relation to their role. Of some note 10 respondents felt that they had not received enough training, 9 thought that they had had enough training whilst the remaining respondents gave no comment.

Family support staff were asked to indicate what training they had received to date. In response, 18 respondents provided details of 40 different courses. The average respondent had attended 5 training course with a range of 1 course to 12 courses.

Details of those courses attended by more than one respondent (along with number of citations) are given below at Table 22.

Table 22: Courses attended by family support staff

Course	Number of citations
Breastfeeding	9
Child protection	9
Nutrition	6
First Aid	5
Domestic violence	4
Ante/post natal depression	4
Toyhouse library training	3
Sure Start staff training	2
Customer care	2
Child development	2
Behaviour management	2
Speech and language	2
Violence and aggression	2
Play development	2
Toy library training	2

A further 25 courses were cited by individual respondents.

The results at Table 22 are very interesting since validate many of the observations made by both stakeholders and programme managers. The results clearly demonstrate that there is no systematic “family support training” undertaken by Sure Start support workers in Tower Hamlets; the sheer range of results would seem to indicate that training is *ad hoc* and responds to the interests of the individual member of staff in question. This is further validated by the diversity in number of courses attended by respondents – two respondents had attended a single course whilst a single respondent had been on a dozen.

The results, if truly representative (and we are mindful here of the lack of response from two programmes in particular) indicate that the majority of staff had *not* had child protection training (9 respondents citing this course out of 21 respondents).

The results provide evidence to the comments made by a number of stakeholders who suggested that family support staff lack knowledge of child development issues; 2 respondents explicitly state having received child development training.

Family support workers were asked whether or not there was any other training they would like to receive. Seven respondents detailed additional training needs\*:

- First aid training 2 citations
- Community development NVQ Level 3 and 4 1 citation
- Child protection training 1 citation
- Immigration law 1 citation
- Mental health training 1 citation
- Domestic violence awareness 1 citation
- Nutrition 1 citation
- Child behaviour 1 citation
- Dealing with parents 1 citation

### Professional development

Respondents were asked whether or not they felt that they had developed professionally in their role since working for Sure Start. The results are given at Table 23 below.

Table 23: Assessment of extent of professional development since working for Sure Start

A Lot	A Little	Not really	Not at all
8	10	1	0

While the results at Table 23 demonstrate that a very clear majority of respondents feel that they have developed professionally within the environs of Sure Start, the results further indicate that the most common assessment was that this development has been relatively modest (with 10 respondents describing A Little development).

When asked whether or not they were satisfied with the extent of their professional development, the majority of respondents (13 respondents) stated that they were while 5 were not (the remainder giving no response).

To try and obtain some idea of whether family support workers had identified any kind of career path, respondents were asked whether or not they felt that their role would lead to further career development. The majority of respondents (14 respondents) felt that it would lead to some development, 4 thought not and the remainder gave no comment.

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\* Some respondents gave details of more than one training course they would like to attend.

## Job satisfaction

Respondents were asked to indicate whether working for Sure Start had met their expectations with the results set out at Table 24.

Table 24: Assessment of working for Sure Start

Exceeded expectations	Met expectations	Not met expectations
6	13	2

The results demonstrate that for a majority of respondents (13 respondents), working for Sure Start had met their expectations.

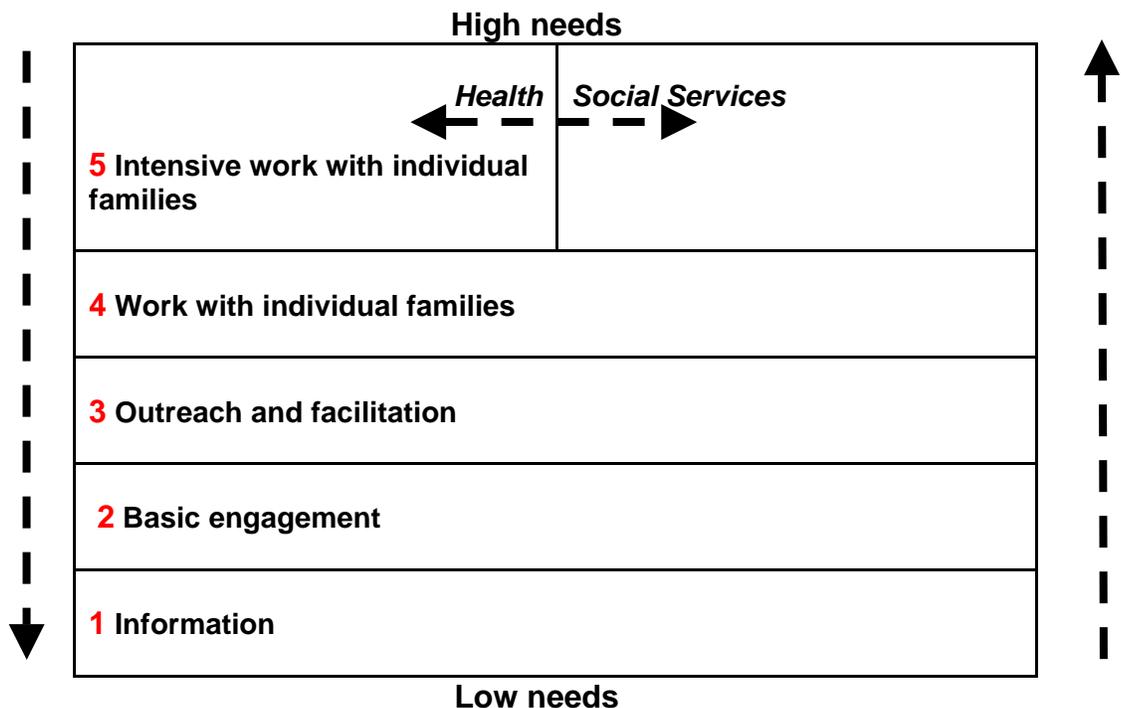
## Appendix 8 - Future models of Family Support

In developing a future model of family support services, it is necessary to determine exactly what the post should entail in order that a new post can be constructed around a clear definition. This notion stems in part from the criticism of a number of stakeholders who felt that the current family support posts are too vaguely drawn and that this lack of conceptual clarity has led to a number of the problems that have subsequently arisen.

### Model of family support work

Cordis Bright, in conjunction with a number of key stakeholders, devised the following model which depicts the stages of family support provision:

Figure 5: Stages of family support intervention



For a full explanation of the stages in the model, see Figure 6 below:

Figure 6: Explanation of stages in family support intervention model

**1. Information**

Informing parents of services through basic publicity channels such as leaflets, posters, telephone contact and so forth. At this stage, the level of parental need is sufficiently low that intervention only requires providing information about services that are available to them in order to allow them to access services themselves, choosing services they feel are appropriate.

**2. Basic engagement**

At this level, families require a degree of engagement. Contact is required with support services to help inform parents about services, help them to choose services, and encourage them to utilise services. The level of family need remains low.

**3. Outreach, facilitation and appropriate intervention**

Work at this level relates to families with intermediate needs. Such families may require support services, training in skills (such as parenting). They may also require assistance in accessing services, be this accompanying to services, help with application forms, or help in making and attending appointments. This level also involves the necessary outreach work that is required to identify such families who may be categorised as “hard-to-reach”.

**4. Work with individual families**

This level relates to work with families who present a high level of need or whose needs are complex, but who are beneath the threshold levels for mainstream specialized services (see Level 5). Such work requires highly trained and skilled staff with extensive experience in family support work.

**5. Intensive work with individual families**

Relates to families with very high/complex needs. Families that present need at this level require specialized intervention from specific agencies. Such specific interventions can include such acts as a child protection registration and subsequent intervention of social services, or provision of such health services as speech and language therapy, dietician, nutrition and other such areas requiring highly trained staff.

The model presented is a dynamic one and allows for families needs to change over time. Thus a family may move up the stages of the model if problems of increasing complexity develop within a family which require higher levels of support and more specialised assistance, until ultimately, they may be passed to a specialised mainstream service. However, as problems within a family are managed, then the model recognises that their needs will decrease meaning they may move back down the model to lower levels of support.

Whilst the boundaries on the model are clearly demarcated between the various levels, Cordis Bright recognise that such clarity does not exist in reality and that it may be difficult to determine exactly what level of need a family presents.

The model should not be seen as providing a single view of a family. It may be perfectly possible for a family to require the high level intervention described at Stage 5, whilst simultaneously requiring the kind of elementary support as described at Level 1.

## Current family support and the model of support provision

Cordis Bright mapped the kind of work currently conducted by Sure Start family support workers on to the model outlined at Figure 4.

Whilst there is considerable variation between the work done by family support workers across the seven Tower Hamlets programmes, it is clear that support workers are generally expected to provide support at Levels 1 through to Level 4, i.e. from provision of Information, right through to Work with individual families.

It is our assessment that this is too broad a scope of activities for a single post to cover. The gulf between provision of information and offering sophisticated ongoing support for families with high levels of need is too great to be subsumed into a single role. It is not feasible to expect most post holders to have the skills, experience and knowledge to work adequately across Levels 1 through to 4, providing a quality service at each stage.

As such, it is our contention that family support workers are too valuable and skilled to spend a significant amount of time at the lowest level (Level 1) especially given that most service providers will promote their own services. At the other end of the scale, it is our contention that many (but

not all) family support workers do not have sufficient skills and experience to work with families with complex needs and are not best placed to offer the kind of services needed by such families.

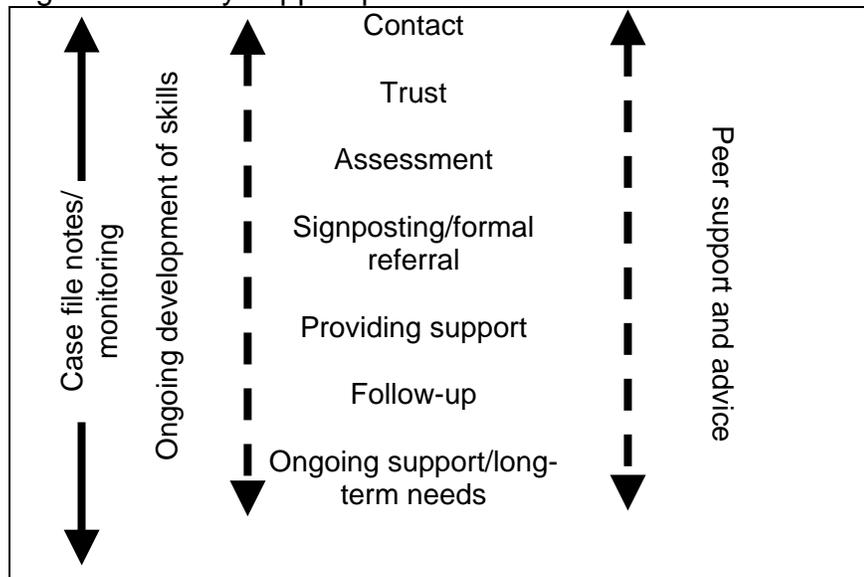
Our key recommendation therefore is that the post of family support worker in the future focuses on providing services at Levels 2 and 3.

To clarify, family support workers are best placed to:

- Engage in outreach work to identify families of young children in Tower Hamlets – especially those who could be described as “hard-to-reach”;
- Carry out an initial assessment on families they come into contact with;
- Provide services to families themselves (dependent of the family’s level of need), and/or;
- Signpost families to appropriate services;
- Maintain links with families and build relationships of trust.

Our concept of future family support is encapsulated at Figure 7.

Figure 7: Family support process



The recommendations stemming from this concept of family support are set out at pages 17 to 20 above.

## Assessment of proposed model

### Senior Stakeholder

The Cordis Bright model was presented to and discussed with a group of senior stakeholders engaged in the evaluation including representatives from each of the seven Sure Start Tower Hamlets programmes, staff from statutory agencies (health and early years) and representatives from the voluntary sector.

The stakeholders highlighted a number of areas that they felt needed to be addressed in more depth for the model to be made fully workable. The issues raised were:

#### Management

Stakeholders stressed the importance of who manages the family support workers in the future and felt that this issue was crucial to the ultimate success of the new model. The group agreed that, ultimately, it does not matter who manages the family support posts (in terms of their background – be it health, voluntary sector and so forth) and that management could come from different sources; the crucial issue is that the right structures should be in place along with an appropriate budget.

Stakeholders also felt that there was a need for an operational manager (Senior Family Support Worker) at each of the proposed Children's Centres to ensure co-ordination of service delivery. The post would act as a day to day point of contact for allocation of work, support and so forth.

#### Health

Stakeholders felt that it was important that health was linked in with delivery of services by family support workers since this would provide the conduit to a host of mainstream services. Furthermore, clear links with health would help define the training needs of the family support staff.

#### Number of family support posts

Stakeholders agreed that the exact number of family support workers will depend on the catchment area of each Children's Centre and the identified needs of the area. It was felt that a needs assessment would need to be conducted in each catchment area, an exercise most usefully led by Early Years. The needs assessment will be crucial in operationalising the new

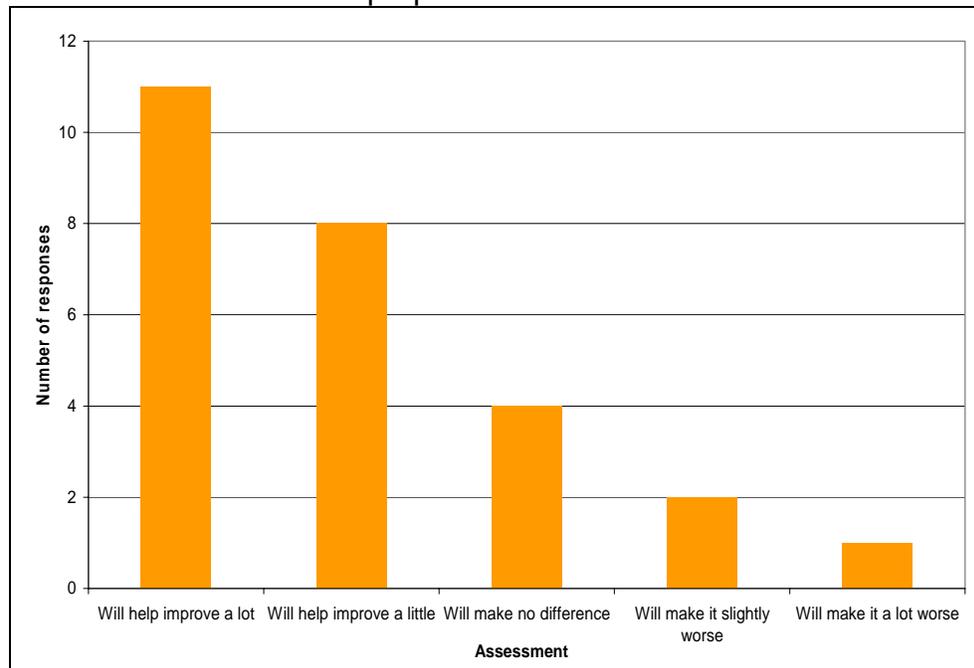
family support posts since will determine the number of staff needed not on historical patterns (current Sure Start allocations) but on need.

### Stakeholders

In addition to seeking the views of senior stakeholders, an open feedback session was held to which anyone with an interest in family support services was invited to. At the close of the session, a questionnaire was distributed among attendees for their anonymous feedback. In total 29 surveys were returned.

Stakeholders were asked to evaluate the extent to which the model being proposed will help improve family support work in Tower Hamlets. The results are set out at Chart 14 below.

Chart 14: Assessment of proposed model



The results at Chart 14 clearly demonstrate that the majority of stakeholders (20) think that the proposed model will lead to some improvement (be it a Little or A Lot) whilst 4 think that it will make no difference and a small minority (3 respondents) feel that it will lead to a decline in service provision.

The results were explored in relation to the sector the respondents represented.

Table 25: Assessment of proposal by sector represented

Assessment of proposal	Sector represented		
	Statutory	Voluntary	Sure Start
Help improve a lot	1	3	7
Help improve a little	0	1	7
Make no difference	0	3	1
Slightly worse	0	0	2
Lot worse	0	0	1

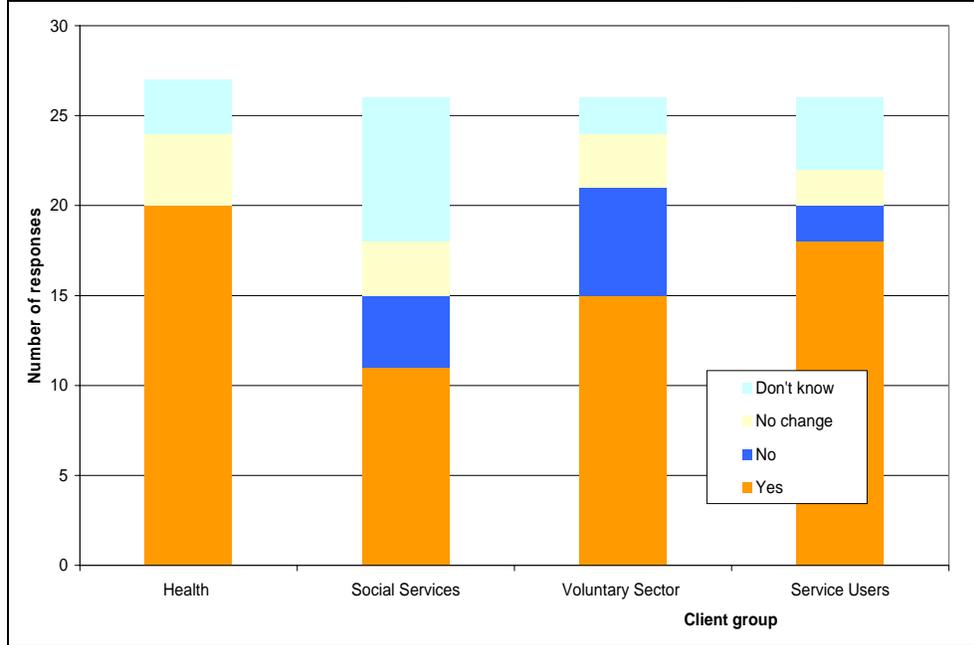
As shown at Table 25, those that thought the model would lead to a deterioration in service provision were all representatives from Sure Start whilst those in the voluntary sector were the most likely to assess the model as having no impact.

Stakeholders were asked to indicate whether they thought the proposed model would lead to better working with a number of client groups, namely:

- Health
- Social Services
- Voluntary sector
- Clients (i.e. parents)

The results are set out at Chart 15 below.

Chart 15: Assessment of impact of model on client groups



The majority of respondents in stated that the proposed model would facilitate better working with each of the client groups detailed. The results indicate that respondents felt that the model was most likely to have an impact on working with health while were the most reserved about its ability to impact on working with social services. Of some considerable importance, 18 respondents felt that the model would improve work with parents.

When asked whether they had any reservations about the proposed model, 17 respondents indicated that they had whilst 8 had no reservations. Analysis indicated that reservations were expressed by representatives from each sector (2 statutory representatives, 5 voluntary sector representatives and 11 Sure Start representatives).

The concerns expressed are detailed below at Table 26.

Table 26: Concerns with proposed model\*

Critique	Number of citations
Funding	4
No guarantee of cooperation of health	2
No confidence in partnership working	1
Doubt ability of family support workers to refer	1
Location of senior family support worker post	1
Work with fathers	1
Need to ensure culturally appropriate services are offered	1
Training of local families	1
Model misses needs of families in Tower Hamlets	1
Model has overt medical focus	1
Need to ensure support for family support workers	1
Need to ensure are enough services to refer on to	1
Will lost current flexibility of service	1
Will not meet needs of minority parents	1
Focuses on needs of professionals	1
Risk of family support staff becoming "health visitor assistants"	1
Will lose ability to work with individual families	1

As demonstrated at Table 26, the most commonly expressed concern was doubts about the funding for family support workers in the future. As one respondent noted:

"Will the finance be available to ensure services can be delivered as per the model?"

Table 26 further demonstrates that, whilst a number of concerns were expressed, the majority were raised by only one stakeholder.

Stakeholders who had expressed a concern about the model were asked to offer a potential solution to the issue they raised. The solutions proposed are given at Table 27.

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\* Total adds up to more than number of respondents as some stakeholders had more than one concern.

Table 27: Proposed solutions to problems identified

Solution	Number of citations
High level of training for support workers	2
Re-evaluate services provided	1
More consultation with family support workers	1
Look at recruitment/retention issues among family support staff	1
Clear referral pathways	1
Develop more complex model of family needs	1
Clear guidelines for fathers work	1
Ensure statutory services are fully staffed	1
Development of joint management between all partners	1
Adopt community development model rather than support model	1
Inform community of proposed changes to services	1
Ensure expertise of management	1