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Acknowledgements

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# Executive Summary

## Section 1.0 Introduction

Following the designation of Whitmore Reans and Dunstall as a Sure Start area, the programme Board decided that a Family Support Service would be the main method for delivering the objectives.

In April 2004, First People was asked to undertake an evaluation into the effectiveness of the Service in:

- Accessing families to support networks
- Contributing to the personal development of parents & carers
- Meeting the Sure Start objectives / targets

also

- How other services perceive the Family Support Service
- Relationship between family support and other initiatives in health, social exclusion and regeneration

## Section 2.0 Methodology

The evaluators collected evidence about the work of the team from a variety of sources:

- (a) From parents using a survey form completed by the researchers
  - Interviews were conducted with 49 parents in families that were referred or self-referred to the Family Support Service for support.
  - Interviews were completed with a further 4 parents who also agreed to allow the researchers to access their case files.
- (b) From stakeholders interviewed mainly by telephone:
  - Sure Start staff
  - Parent representative on the Board
  - Representatives of statutory & voluntary organisations
- (c) Analysis of records kept by the team members related to group work
  - Attendance registers
  - Session recordings
  - Evaluation information



## Section 3.0 Background

The potential role of the team was initially identified during a needs assessment undertaken in the formation stages of the local programme. During this research, the parents interviewed felt that workers should be employed to support families in the following ways:

- providing information
- tackling isolation
- developing group activities that bring together people of similar age and cultural background
- engaging with Asian families using community languages

These elements were reinforced through the Delivery Plan for the Sure Start programme.

## Section 4.0 The Family Support Team

At the time of the evaluation the team was composed of seven staff – one manager and six workers. They provide a range of services:

- initial contact with families at ante natal and post natal stages;
- support work with individual families referred to the team by other services or through self referral;
- group work with target groups or families with specific needs;
- group activities that are open to all families.

The work of the team is guided by the Family Support Workers' assessment of the needs of families and the national Sure Start targets.

## Section 5.0 Evaluation Findings

Effectiveness of the Family Support Workers in enabling families to participate in informal and formal support networks.

Information drawn from the parents' survey indicates high levels of satisfaction with the support of the Family Support Workers. This includes the one to one support in the home and help to access facilities and specialist services.

However, one father wanted to inform the researchers that he had felt excluded from the process even though he was satisfied with services that had been provided.

Information drawn from the monitoring information related to the activity sessions and group work provided by the Family Support Service, show a varied programme and a high level of take-up and regularity of attendance by families.



Effectiveness in contributing to the personal development of parents and carers.

Responses from the parents' survey show high levels of satisfaction with this aspect of the work of the Service. However, there are indications that some parents had not received information to enable them to participate.

Group work monitoring information show good levels of take-up and consistency of attendance by participants. There is also positive feedback from parent evaluation forms. In some situations, this is in spite of difficulties with venues and inconsistent crèche support.

**5.3** The perception of the Service by other agencies and whether the work could be carried out more effectively. Also, the relationship between family support and other initiatives related to health, social exclusion and regeneration.

The Family Support Team members work with a range of partner agencies. Generally, the respondents were very positive about the work of the team:

- Good work with families i.e. assessing need, listening etc.
- Positive co-working relationships with partners.
- Effective team structure and leadership.

The respondents also identified a number of areas for improvement:

- Clearer definition of role in relation to other services working with families.
- Maintaining good communication systems with partners.
- Developing the level of skills for work with families with complex needs.
- Clearer process for case closure
- Maintaining contact with families with families with complex needs.

The contribution the Family Support Service is making to other initiatives is variable. The greatest impact is in relation to the health and social care provision to local families. The workers are substantially improving parental awareness of local services and access to provision. Also, the FSW's are providing services where there are gaps in provision.

The link with other initiatives is developing, particularly as other services become more aware of family support and the role of the workers.

### 5.4 Meeting the Sure Start objectives

The Service is working towards meeting all the Sure Start objectives and targets in the following ways:

- Establishing ante-natal provision
- Visiting families with live births within two months to provide information, signpost to services and assess additional needs where required
- Providing families with access to specialist provision
- Providing activities focused on specific issues such as safety
- Developing learning opportunities and links to education, training and employment opportunities



There are a number of factors that hamper progress:

- Lack of a midwife designated as a link person to assist with the development of ante-natal provision
- Delays in the system of notifications of live births to Sure Start
- Limited progress on the inclusion of fathers in the work of the Service
- Lack of breast feeding counsellors
- The absence of an effective crèche service
- IT systems that do not serve the needs of the service effectively
- Limited baseline data on which to assess the progress of the Service.

**Section 6.0 Summary and conclusions**

- 6.1. The Family Support Service is working effectively to enable families to access informal and formal networks of support by providing information, sign posting, support work with referred families and the establishment of services when they are not available in the community.
- 6.2 The Service is contributing positively to the personal development of parents and carers through encouragement to individual parents, group work programmes and the provision of learning opportunities.
- 6.3 Generally the Service is perceived by other agencies as working well. The representatives have identified areas where improvements can be made and existing inter-agency relationships can be developed
- 6.4 The Service is working towards meeting the Sure Start objectives and targets where possible.





### Section 7.0 Recommendations

The following are key aspects that need to be addressed by Sure Start and the Family Support Service in conjunction with partner agencies:

- Examine opportunities for more efficient use of Service staff in relation to the numbers involved in initial visits and group work.
- Identify strategies for including fathers based on consultation with them about their interests, needs and ideas.
- Establish baseline data in relation to the objectives and targets.
- Improve monitoring, review and evaluation with particular emphasis on obtaining the views of service users.
- Examine mechanisms for tracking the take-up of services by families.
- Examine exit strategies with particular regard for maintaining contact with families following the termination of casework interventions.
- Provide written information about the work of the team for stakeholders.
- Improve the pace of notifications particularly about live births.
- Improve IT services to assess progress on targets, analysing and monitoring information.
- Establish an inter-agency dialogue regarding the differing roles and responsibilities of all workers with families.
- Urgent consideration of the future of family support in the changing environment of early years work:
  - Future role of FSW's
  - Number of workers
  - Resources to provide the services
  - Accreditation.
- Actively contribute to the identification of gaps in provision, such as the absence of effective crèche provision, and to the multi-agency initiatives to address these problems.



## 1.0 Introduction

In 2000 Whitmore Reans and Dunstall was selected as an area that would benefit from the Sure Start initiative based on indicators of disadvantage and child related needs.

The aim of Sure Start is:

*"... to work with parents to be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they can flourish at home and when they get to school and thereby break the cycle of disadvantage for the current generation of young children."*

(Sure Start: A guide to planning and delivering your programme 2002)

In Whitmore Reans and Dunstall the Sure Start Partnership Board decided that the most effective method of delivering the service was through the development and incorporation of a Family Support Team into the broader Sure Start structure. The first appointments to the team were made in the summer of 2002.

First People were commissioned in March 2004 to evaluate the effectiveness of the service provided by the team and to make recommendations for policy development and service delivery.

The researchers were asked to examine the following:

- How effectively the Family Support Workers enable parents / carers and their children to participate in informal and formal support networks
- The effectiveness of the Family Support Service in contributing to the personal development of parents / carers
- How other services perceive the Family Support Service and whether their work can be carried out more effectively
- The relationship between family support and other initiatives in health, social exclusion and regeneration

The relationship between the work of the team and the Sure Start objectives and targets

The work was carried out between April and December 2004.

This report details the findings of the research.



## 2.0 Evaluation methodology

Sure Start is a partnership initiative that includes representation of the following agencies Wolverhampton Primary Care Trust (PCT), the Royal Wolverhampton Hospitals Trust, City Council, Children's Information Service (CIS) and voluntary sector that provide support for families with children under 4 years of age. The major services involved are health visiting, midwifery, social services, support services for teenage parents and childcare and education services.

The Family Support Team (FST) is therefore one group of front line workers within a spectrum of services tasked with delivering the Sure Start objectives. This has presented some challenges in evaluating the effectiveness of the FST because it is often difficult to assess their specific contribution to the multi-agency initiatives in the Whitmore Reans and Dunstall area.

In addition, discussions with the Sure Start Evaluation Officer and colleagues in relevant statutory agencies have revealed the absence of baseline data against which quantitative assessments of the FST contribution can be identified. It is beyond the resources for this evaluation to engage in extensive research work with the key organisations in order to try to obtain this data.

For these reasons, the research has focused on exploring the effectiveness of the team using qualitative and quantitative information available at the Sure Start programme and through interviews with parents and stakeholders.

Documentation related to the development of Sure Start in the Whitmore Reans and Dunstall area was used to provide the researchers with an understanding of the reasons for the formation of the Family Support Team.

The effectiveness of the work of the team was examined through the following techniques:

## 2.1 Parents' survey

The sample of 98 families was randomly selected from the 150 families that had self referred or referred by another agency for the support of the FST during the period 2003 - 04. As a result of correspondence, 49 parents from 47 families agreed to be interviewed. In two of the families the fathers were interviewed in addition to the mothers in order to enable them to express views that differed from their partners.

An additional 4 parents completed the parents' survey. These are families who gave permission for the researchers to access their case files for case study purposes (see below for further information).

All the interviews were conducted in the respondents' homes. An interpreter was employed to assist in interviews with parents who are speakers of Asian languages.

The researchers used a survey questionnaire that asked parents about their level of satisfaction with the range of services offered by the Family Support Service.



The commissioners of the evaluation were interested in parents' views about the benefits of respite care. This service, provided by the Family Support Service, is explained in more detail in section 4.6 of this report. The parent survey contains questions related to respite care.

Concurrent with this evaluation, the Sure Start Evaluation Officer conducted an evaluation of respite care with twenty parents who have used this service. This evaluation report contains references to the findings from the Evaluation Officer's study both within the main body of the report and Appendix 3.

Sure Start provided gift vouchers for all the participating families in recognition of their contribution to the evaluation.

### 2.2 Semi-structured interviews with staff and stakeholders

Face to face interviews were conducted with the following Sure Start staff using a standard question schedule:

- Programme Manager
- Childcare Co-ordinator
- Family Support Team manager
- Six Family Support Team members

Interviews with stakeholders were conducted predominantly by telephone. A small number were undertaken on a face-to-face basis. Interviewees included:

- Two Parent representatives on the Sure Start Partnership Board
- Representatives of local statutory and voluntary organisations including front line staff working in other agencies

The stakeholders were selected either because of their knowledge of the work of the FST or because they are responsible for strategic initiatives which relate to the work of the FST

### 2.3 Monitoring information

Qualitative and quantitative information was drawn from analysis of the following records:

- Evaluation forms completed by families at the end of casework intervention by FSW's
- Group work recordings completed by the FSW's
- Registers of attendance at group work activities and events
- Evaluation forms completed by parents related to group work activities and / or events



## 2.4 Case Studies

An additional random sample of Family Support team case files was used to identify families as potential case studies. In order to reduce any bias, the potential case study families all had different support needs related to the four Sure Start objectives.

Following correspondence, four families agreed to participate. The families involved in the case studies provided written permission for the researchers to access case file information. This enabled an assessment of the process of the casework, including both the paper work and decision-making.

Summary information about families and the interventions are provided later in this section of the report drawn from information recorded in the case files. Specific feedback from these families is identified throughout the evaluation information presented in this report. For confidentiality purposes the families are identified only by a letter.

Case studies take a snap shot at the time of the evaluation. Therefore the family support will be at different stages of intervention.





### 3.0 Background

In order to evaluate the work of the team it is important to establish the role and expectations of the Family Support Service. This section of the report provides a brief overview of some of the factors that influenced the delivery of family support work:

- the perspective of parents within the community from research conducted before
- the programme took shape
- the national Sure Start objectives and targets
- the views of health professionals regarding the functions of the team and the needs of families

#### 3.1 Consultation with Parents Document January – March 2001

The needs and ideas of local parents were identified in a consultation exercise undertaken in early 2001 as part of the process of identifying the gaps in services for them and their young children.

The research was conducted on behalf of Whitmore Reans and Dunstall Sure Start Shadow Board and included the views of seventy parents living in the designated Sure Start area with children aged 0 – 4.

The key findings were:

- The respondents lacked information about services
- Many parents felt isolated and lacked self confidence
- There was a need for services to be provided in ways that attracted all sections of the population. This was expressed particularly by respondents from Asian communities and young parents.

The proposals regarding family support were:

- the idea of parental helpers, particularly with Asian community language skills, to assist parents to access services and reduce isolation
- the development of groups in which the participants have something in common such as ethnicity, age etc.
- opportunities for parents to develop personal interests including education and activities such as yoga
- summer activities for the under 5 age group
- support with breast-feeding.

The type of provision identified within the report was:

*“Accessible, culturally appropriate and friendly networks for parents of young children that deliver support and advice ...” to enhance “... the experience of parenting for families with very young children.”*

#### 3.2 Delivery Plan - March 2001

The delivery plan was written by the Sure Start Shadow Board comprising representatives from all the key statutory and voluntary stakeholders. This document outlined the composition and role of the FST:



*"... a multi-cultural team of 6 – 8 workers with a range of skills in working with families living in disadvantaged areas. They will be linked directly with midwives and health visitors working with Sure Start families to enhance and reshape current provision. The team will aim to contain two men to support additional work with fathers. The team will be qualified and experienced as nursery nurses or community health workers."*

It stated that:

*"The Sure Start Family Support Team will:*

- *Work closely with community groups to provide parents with a network of support*
- *Provide information and contact with appropriate child care provision*
- *Raise awareness of the importance of play*
- *Promote the use of leisure facilities in order to improve health and self-esteem*
- *Contribute to the hearing screening and the 2 year development assessment in families identified by health visitors and midwives as 'low risk'*
- *Help to promote early communication and creative play and assist in behaviour management such as sleeping problems and assist mothers with breast-feeding.*

*"A major component of their work will consist of empowering parents in their ability to recognise and respond appropriately to their children's illnesses and health issues by reducing their dependency on professional assessment."*

### 3.3 The National Sure Start Objectives and Targets

In 2002, the aims and objectives of Sure Start were provided as guidance to the local Boards. These are identified in full in Appendix 1.

The Board of Whitmore Reans and Dunstall Sure Start decided to invest a high proportion of the funding into the Family Support Service. Consequently the team carry a substantial responsibility for the local organisation achieving the national Sure Start objectives and targets.

what  
photo???????



### 4.0 The Family Support Team

This section of the report will provide an overview of the current composition, functions and organisation and of the Family Support Team.

#### 4.1 Composition of the FST

At the time of the research, there were seven members of the team, one team leader and six full time workers. It was an all female staff team with a range of cultural backgrounds, including two workers who speak Asian community languages.

The first appointments to the team were made in June 2002. The manager has been in post for just over 12 months, two of the workers have been in the team for between one and two years and the other four for more than two years

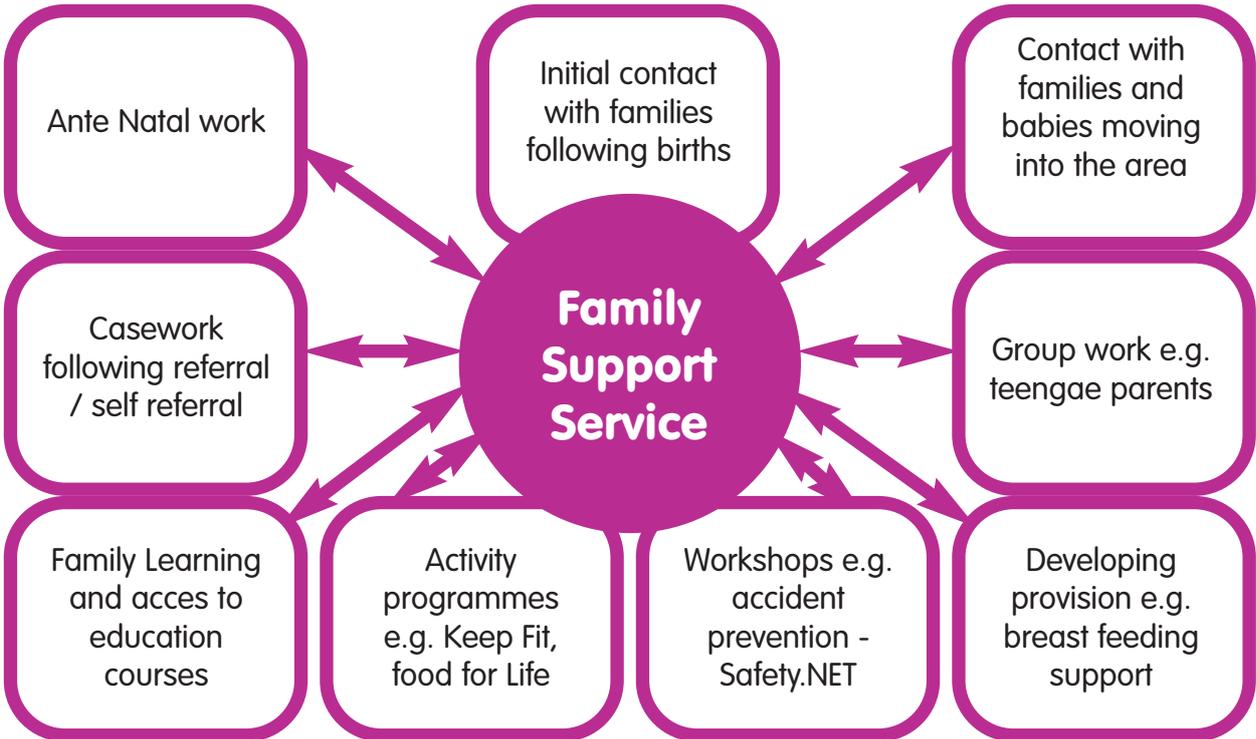
Four of the team members were previously employed in nursery nursing, another had been a play worker and the other has community and youth work experience.

The manager had previous work experience within education, housing, youth work and the provision of alternative therapies.

The manager and team members hold a range of relevant qualifications – three have related degrees or diplomas, the former nursery nurses have NNEB or equivalent and one member has play qualifications.

#### 4.2 Functions of the Family Support Team

The team members are responsible for the following provision:





## 4.3 Organisation of the team

The team leader allocates and co-ordinates the work of the team. She provides each worker with an individual supervision session on a six to eight week basis and is available to respond to issues on an open access basis.

Since July 2004, there has been a link with the Primary Care Team based at Crescent House in Bilston; this team is part of Wolverhampton's Child and Adolescent Mental Health Services. Two qualified Social Workers who are mental health practitioners provide group supervision to the FST. This focuses on reflective practice and strengthens the FST's knowledge base. These external supervisors also provide support for individual FSW's who are working with families within which there are mental problems or circumstances that could result in childhood emotional difficulties.

All the team members:

- Carry out initial contact visits to families in response to ante-natal and post natal notifications from midwives and health visitors
- Complete Sure Start membership forms
- Undertake casework in response to referrals or self referrals
- Participate in the group work, drop-in and activity sessions.



## 4.4 Themed work

Each of the team members is responsible for developing specific areas of work or themes. This may relate to a particular section of the population such as support for asylum seekers or an issue such as accident prevention. As far as possible these themes are self-selected by the team members. Current themes are identified below:

- Ante-natal provision
- Asylum seekers and refugees
- Baby massage
- Breast feeding
- Domestic violence
- Employment
- Healthy eating
- Housing
- Health and safety / risk assessment
- Keep Fit
- Leisure
- Mental health
- Safety
- Teenage parenting

## 4.5 Staff training

Since starting work at Sure Start the FSW's have received the following training to support them to carry out their role:

- An accredited counselling course
- Short, non-accredited courses relevant to their general work e.g. child protection, smoking cessation and pregnancy, mental health, and community participation. Many of which have been provided by partner agencies



Courses related to areas of special responsibility including breast feeding, risk assessment and play therapy  
Training to raise awareness about the ways in which the services can be provided to engage fathers.

At the time of the research the team members were receiving training in group work practice. Three workers are taking university courses related to their work.

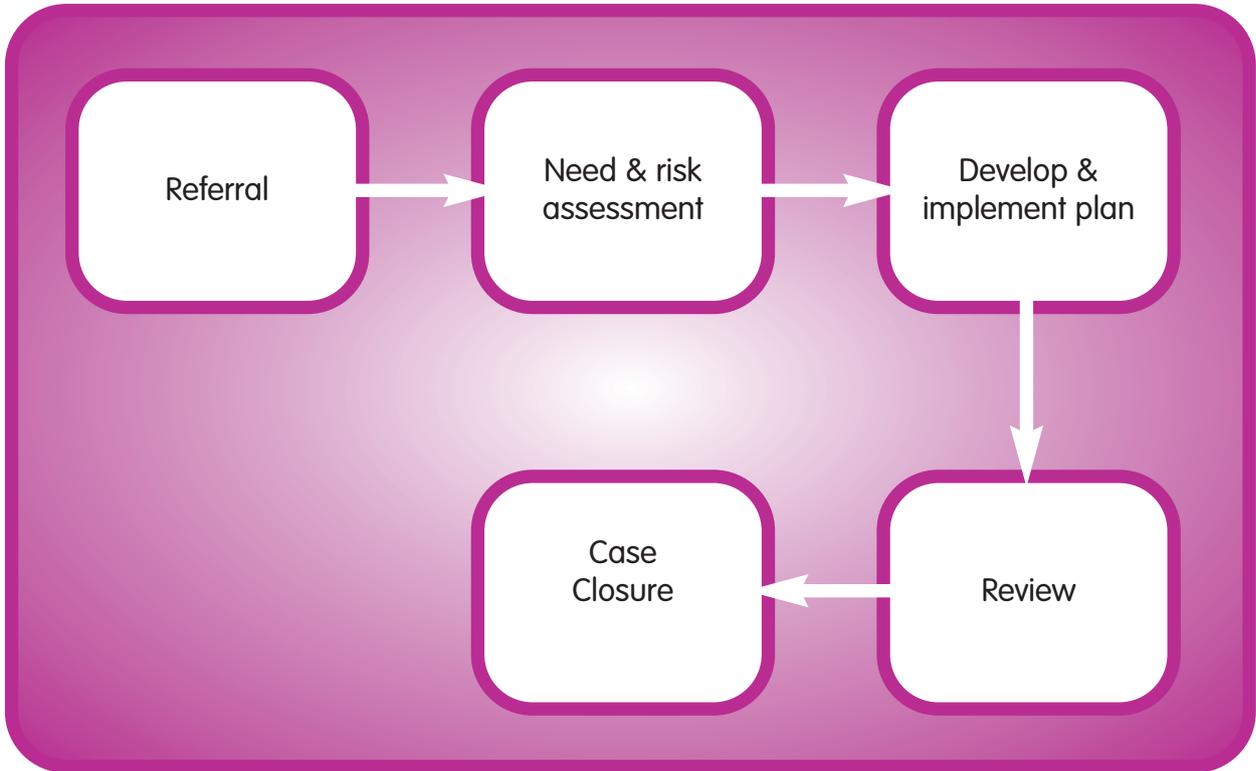
**4.6 Process of support provided by the FST**

As indicated above, contact with families by FSW’s is mainly initiated by notifications, predominantly from midwives and health visitors. The initial visit provides an opportunity to give information about the services available in the area and respond to any issues or concerns that expectant or new parents may have.

The FSW’s have links with a number of activities for families with children and babies, some of which are run or co-ordinated by the team. Activities not mentioned previously in this report include:

- Library sessions for young children
- Stay and Play
- Baby Massage
- Playgroup
- Music and movement
- Day trips and summer activities

Once families are registered with Sure Start they receive information about the activities on a regular basis through newsletters and / or leaflets. If there are specific problems identified by either the health visitor (or other agency), the FSW or the parent(s) themselves, indicate a need for additional support, then this is recorded as a referral. The case will then proceed through the following processes:



The whole process involves a continuous dialogue and negotiation with the referrer and the family.



The case work interventions can cover a wide range of activity including:

- short term advice
- signposting to or accompanying parents to access services
- support work in the home that might include improving relationships between parent and child such as behaviour management
- involving families in activities outside the home to reduce isolation or for their personal development
- working with families with complex needs as part of a network of agencies



The Family Support Service is able to support families by providing 'respite care'. This is usually identified as part of the care plan devised with the family. Where appropriate, Sure Start is able to pay for day care places in child-care facilities such as private day nurseries, in response to needs identified in a family. This may be for the benefit of the child to assess his / her developmental progress, provide stimulation through play or socialising. It may also be used to provide the parent with a break and time for the FSW to work with the parent in the child's absence.



## 5.0 Evaluation Findings

Information about the families involved in the case studies is provided as the first part of this section. Their views are also identified within the findings from the parents' survey in sections 5.1 and 5.2 below.

### Case Studies

The four cases were families, from a random sample of FST cases, who agreed to allow access to their case file information.

#### Family A

This was a closed case at the time of the evaluation.

The family comprises two parents and their first child aged 1 year. They recently moved into the area from another part of the country. The file identified two face-to-face contacts with the family by FSW's:

- An initial home visit one month after notification of birth at which a Sure Start membership form was completed
- A visit to the office by the mother for advice about education, training and work opportunities

The membership form indicated a number requests for information – ticks against a pre-formed list. There was no indication on the file as to whether these had received a response. Two specific issues were identified – assistance with careers advice and baby massage. The mother said she would visit the following month.

The mother visited and requested support and advice regarding work, education and training opportunities. She also informed the FSW of her partner's interest in writing an article in the Sure Start newsletter about the role of dads and child rearing.

The FSW provided information about advice services, childcare and family entitlements. She also arranged an appointment for the mother with a careers advice service.

The father contacted the Sure Start office by telephone about the newsletter article and to make enquiries about how to obtain work with an organisation such as Sure Start.

Information about community development and volunteering was sent to the father. No further action is recorded.

During the evaluation, the father informed the researcher that he was frustrated that his interest in being involved had not been responded to effectively.



### Family B

This was a closed case at the time of the evaluation.

This family comprises two parents and two children – one child under 4 and one child over 4. The younger child was not developing in relation to play and socialising and there were concerns about the possibility of autism. The case was referred to Sure Start by the Health Visitor. The case was allocated to an FSW who knew the family from a group activity and was able to communicate using the appropriate Asian community language.

The work plan completed by the FSW set out the aims / objectives of the intervention. These focused on introducing activities to encourage the child to play, interact with peers and share toys. Also to develop the parent child relationship to help the child to learn, the parents to listen and manage the child's behaviour and introduce new resources. The recordings identify the actions taken by the FSW:

- Regular meetings with family
- Observation of child behaviour with and without a parent present
- Providing toys
- Involvement in a variety of stay and play sessions
- Assistance to access day care – accompanied to initial visits and financial support
- Liaison with other workers including the Health Visitor and worker from the Special Needs Early Years Service
- Support for the family in negotiations with an LEA school regarding a nursery place
- Involvement in a case meeting with relevant agencies and the family

The case was closed when agreement about a regular nursery place was reached.

The FSW completed a closing summary form.

### Family C

This was a closed case at the time of the evaluation.

The family involved two adult sisters each with a child under 4 and a number of older siblings in the household.

Sure Start membership forms had been completed shortly after the children were born.

The Health Visitor had referred the family to Sure Start because one child has a number of medical problems and the other was not achieving developmental stages with regard to speech and play.

When the FSW made an assessment visit, the child with medical problems was receiving support at hospital. Consequently, the care plan focused on the needs of the child with speech and play difficulties. The plan involved a series of home visits to work with the child and parent. The programme was sent to the parent. One of the visits was made and the recording indicated that the child's speech development was reasonable.



There followed a number of failed appointments due to illness and other commitments. During the final contact by telephone, the parent felt the child had made progress and there was no need for visits by the FSW because the child would shortly be starting nursery. The case was then closed.

When the researcher visited the home, the child who had been in hospital had been discharged and there were identifiable and requested support needs for the children and adults.

### Family D

The case was not active due to the child being out of the country on a lengthy visit to relatives.

The family is composed of two parents and three children. The Health Visitor referred the family because the parents were finding the behaviour of the youngest child difficult to cope with.

The FSW completed an assessment and care plan. The FSW provided well documented support visits to the family in the home. The worker provided practical help with constructive play and behaviour management strategies in the home. She also supported the family to access Stay and Play sessions and was available to provide support by telephone when required.

It was felt the family needed some additional help and supported daycare was provided following which the child was taken on the visit abroad. The situation will be reviewed when the child returns although he will soon be starting nursery on a full time basis.

### Issues related to the case studies

On the basis of visits undertaken to the case study families as part of this evaluation, the researchers provided feedback to the FST manager concerning issues related to Families A and C.

As a result, FSW's visited Family A to establish contact with the father to check on his current level of interest in being involved with Sure Start and Family C to carry out a new needs assessment.

### Parents Survey

The detailed findings from the survey are located in Appendix 2

In this section of the report, the information will be analysed in response to each of the questions within the briefing information for this evaluation.

Under each heading, examples of relevant findings from all the research methods will be presented.



In the parents' survey, the terms occasionally and frequently were found to be more useful for respondents than asking them to identify the number of times they used a service.

The category of never indicated that the respondent was not able to recall having been offered the service.

### **5.1 How effectively the Family Support Workers enable parents /carers and their children to participate in informal and formal support networks**

#### **Information regarding the Parents Survey**

During the evaluation the researchers identified three factors affected some of the respondent's recall of the details of the involvement of FSW's: the time lapse since the involvement of an FSW. Some of the families have been visited by a number of Sure Start FSW's some of the families were unable to differentiate between workers from different agencies and therefore had difficulties identifying the specific contribution made by the FSW.

As far as possible, the researchers only recorded information about which the respondents were definite. For this reason there are high numbers of no response recordings related to some of the questions.

### **The way in which the FSW's work with the families**

#### **Parents Survey**

- 43 (81%) of the 53 families were able to remember the workers discussing the issues that were concerning them in a clear way.
- 24 (45%) of the families were aware of a plan that was discussed with them to assist in tackling the issues.

#### **Case Studies**

##### **Family D**

The respondent informed the researchers that the FSW

*"Showed us everything – showed where we were up to at all stages."*

#### **5.1.2 Satisfaction with services from Parents Survey and Case Studies**

The following have been selected as examples from the parent survey. The responses in full are provided in Appendix 2.



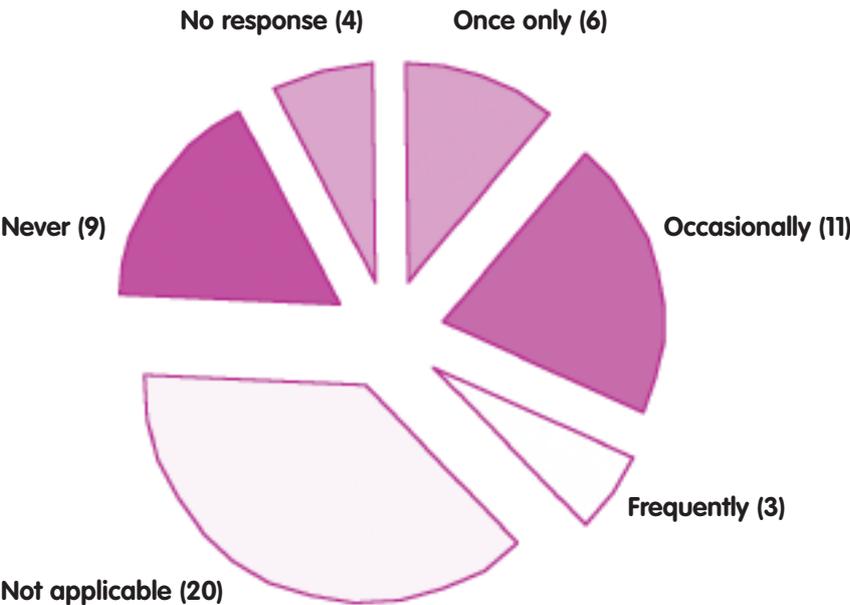
### Service: Support & Advice with Breast Feeding

**Chart 1:** Responses to the question:  
About how often have you used this service in the last twelve months?  
16 (80%) of those who had received this service were either very satisfied or satisfied.

Respondents mentioned being given:

- information
- encouragement
- invitations to events

One person described the on-going encouragement as "really helpful". It is important to note that this service has predominantly been provided by one of the FSW's. Training in breast-feeding support was provided to a small group of other women, mainly health professionals, but they appear to have moved away from the area. The possibility of establishing a peer support group is now being explored.



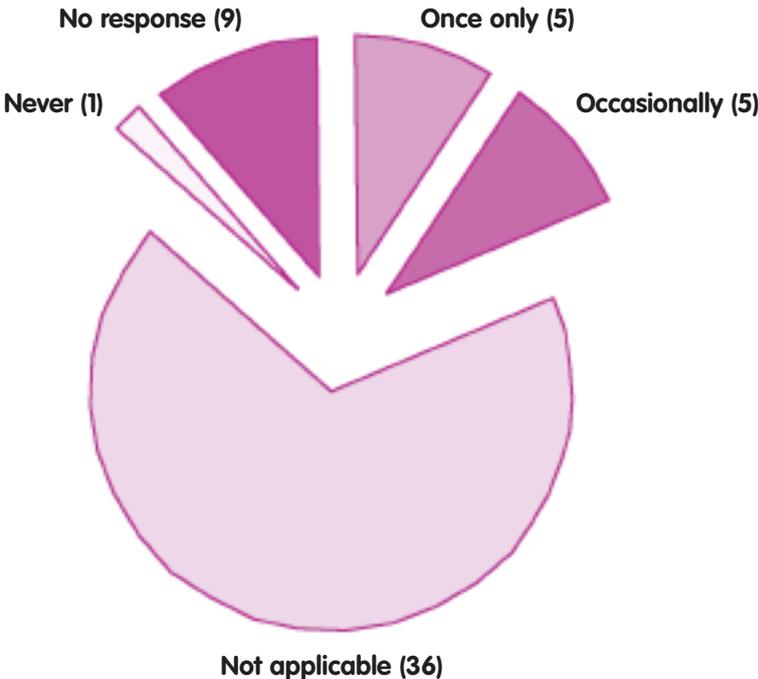


### Service: Support & advice in using local health services e.g. GP or Health Centre

Chart 2: Responses to the question: About how often have you used this service in the last twelve months?

Again a high level - 9 (90%) of 10 respondents who had received the service were satisfied or very satisfied.

The majority of respondents indicated that information & advice was provided. 2 respondents were please that the FSW provided practical support by accompanying them to a service





### Service: Support with children's language development

**Chart 3:** Responses to the question:

About how often have you used this service in the last twelve months?

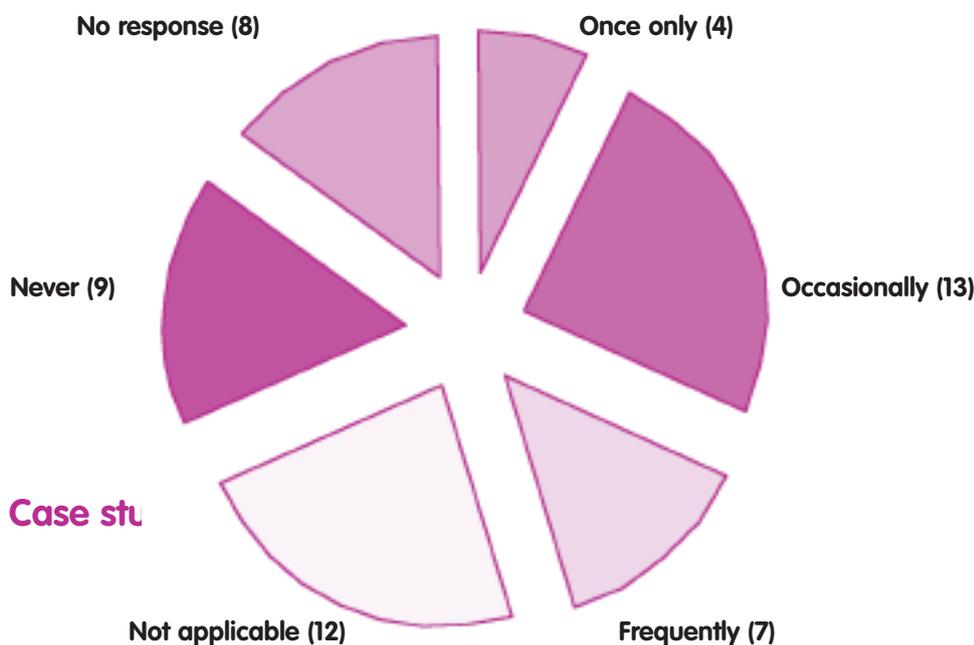
The FSW's have provided both direct services in this area and used the network of links to enable parents to access the services they need. This is reflected in the high levels of satisfaction expressed by 18 (75%) of the 24 recipients of the service.

3 respondents said the FSW referred them for speech therapy. There were several mentions of encouragement / development of family self-help using books and toys. Also that the FSW got directly involved in working with the parent(s) and child.

2 people were dissatisfied. One respondent felt the FSW focused too much on their parenting role rather than the child. Another indicated that they had never received any support with their child's language development because the service was not offered to them.

Family B parent emphasised the help the family had received from the FSW both in the home and in accessing a range of child care to provide their child with stimulation. The respondents also felt the FSW had been an advocate for them that had enabled them to obtain support from the statutory education services.

Family C identified that appointments had been made by the FSW but had not taken place due to cancellations by both parties due to e.g. illness.



Case stu



Case study Family D identified the positive support the FSW had provided both at home, Stay & Play sessions and organising a respite care place.

## Service: Advice on how to get help with money, benefits, housing & legal matters

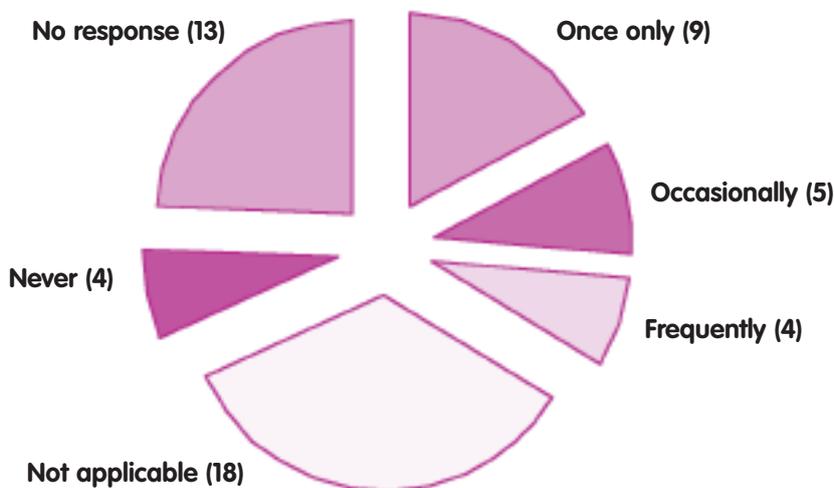
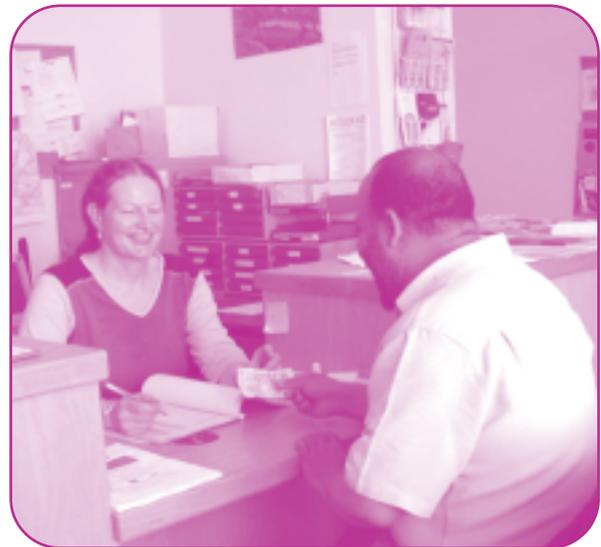
Chart 4: Responses to the question: About how often have you used this service in the last twelve months?

The FSW's appear to be providing positive support with 15 (83%) of the 18 respondents being satisfied with the service. In this category it is important to note that Sure Start has developed an additional service in response to financial issues affecting local families. The Family Savings Project is a partnership project with the local Credit Union to encourage parents to open savings accounts for both themselves and their children. The worker employed to run the project identified that the FSW's inform the parents about the service and accompany them to collection points. The project was funded for twelve months originally until March 2004. This has proved to be effective and has been extended to 2006.

Comments about the FSW support fell into the following categories:

- The provision of information about services
- Practical help with letters and forms
- Establishing links to relevant organisations

One dissatisfied person said the FSW would not accompany them to a service. Another who had 'never' received this service wanted information that was not provided by the FSW





### Service: Support for asylum seekers & refugees

Only one couple indicated that they had received this service. They stated that support had been provided 'frequently'. In the vast majority of cases (45) respondents indicated that the service was not applicable. The couple who reported receiving the service felt that the FSW had given a great deal of contact time, advocated on their behalf and provided practical help. Consequently, they reported that they were 'very satisfied' with the support provided.

### Service: Respite Care

The questions related to respite care were asked in a different way from those concerning other services and therefore the information provided was slightly different.

A total of 18 respondents indicated that they had received the service with nearly 80% (14) reporting that it was 'Helpful'.

#### Case Studies

Family B parent told the researcher that respite care had:

*"... improved my child's behaviour and socialising"*

*and had*

*"Made me and my child more relaxed."*

*Family D parent felt that the respite care*

*"Provided me with a break"*

*and*

*"It gave my other child some space."*

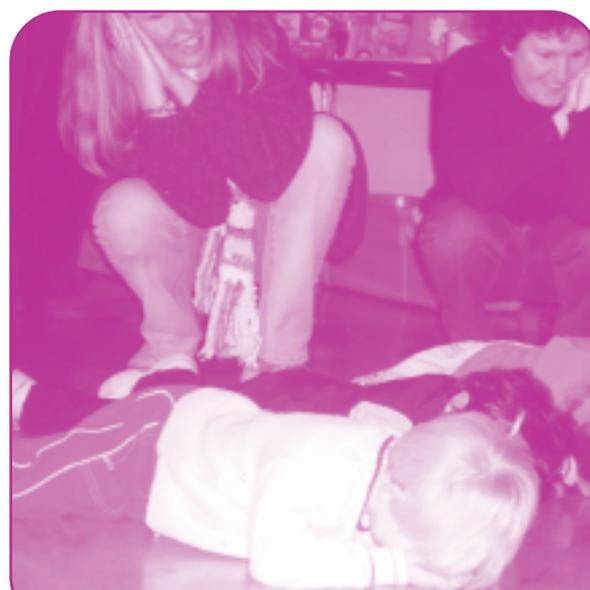
### 5.1.3 Activity and Group Work programmes that enable families to access formal and informal support networks

#### Whitmore Reans Health Centre

When the Family Support Service came into existence the FSW's initially used the clinic as a contact point for meeting parents. Feedback from families and Health Visitors indicated that there was low take up of postnatal clinic services. The FSW's responded to this issue in two ways by:

- Supporting families to keep clinic appointments
- Developing a weekly drop-in activity session at the clinic

The purpose of the weekly session is to provide a more interesting environment for parents whilst waiting for clinic appointments and also activities for the children. It is hoped that this provides an incentive to attend and encourages parents to stay when there is a delay in being seen by the Health Visitor.





The sessions include:

- information on services and events available to families
- the attendance of specialist workers such as the community dietician
- focused information sessions on smoking cessation, men’s health etc.
- activities related to special events such as International Women’s Day (massage, aromatherapy and healthy eating)
- informal discussion about topics such as: pregnancy; labour; and child development.

Individuals also seek advice and information from the FSW’s on topics such as weaning, potty training and the location of groups for parents and children.

The FSW’s have provided a range of resources to encourage people to attend the clinic including toys for the children, a private space and chair for breast-feeding and a private consultation room for individual advice sessions.

Attendance registers were available for the period 11/02/04 to 27/10/04. FSW recordings began in 10/03/04. Monitoring information in relation to clinic take up prior to the start of the drop in is not available to the Sure Start programme due to information sharing protocols. Therefore it is not possible to compare levels of service use before and after the commencement of the drop-in sessions.

Session recordings indicate that some parents return to the drop-in after seeing the Health Visitor for the clinic appointment. Others attend without having a clinic appointment. The session that included activities associated with International Women’s Day was so popular that the FSW’s had to stop people coming in so that parents with appointments could attend the clinic.

Although the FSW’s and specialists provide information and advice, it is also clear from the recordings that the participants exchanged ideas and knowledge.

From the evidence of the recordings and registers this appears to have developed into an important multi-purpose session. It seems to provide a number of functions but fundamentally encourages attendance at the clinic. It is also enabling families to access services by taking information, specialist workers and activities to them.

There is evidence that the FSW’s have responded to needs identified by group members and requests for specific information and discussion topics. The clinic drop-in also appears to have influenced the development of two other activity sessions initiated by the Family Support Service: Keep Fit; Food for Life (focusing on healthy eating). These began in October at one of the local schools.

**Table 1** - Attendance at the clinic drop-in

No. of sessions	Total Attendance	Average per session
23	179 families	8

Although this is not a definable group, the registers show some repetition of names. Ten families attended on three occasions or more. There is also some overlap of names with those who attend other Family Support Service group activities.



The drop in sessions continue to develop. FSW's are currently discussing with Health Visitors the potential of organising particular 'themes' each month. These might include:

- the use of information from the Accident & Emergency Department at the hospital to engage in harm reduction activities / information.
- discussions on the child development and parenting topics most frequently raised at the drop-in and with Health Visitors

### **Baby Massage**

Originally, a Health Visitor ran the baby massage group. When she left the area, the group was re-established by the Family Support Service and meets every week at the Whitmore Reans Health Centre.

The sessions are facilitated by four staff (three FSW's and one Sure Start Child Care Worker). There are two staff in attendance at each session to ensure the availability of someone to undertake interpretation into Asian community languages. Referrals to the group are made by Health Visitors and other FSW's. Home visits are made to introduce the less confident / outgoing parents to baby massage and link them to the group.

The workers try to encourage participants to attend for 6 weeks to learn the routine. An incentive is provided at each session to encourage continuity: cassette; oil; booklet; a toy. Each person who completes a 6-week period is awarded a certificate.

In the four-month period August to November 2004 about 25 certificates have been presented.

Fifteen respondents in the parents survey attended baby massage. They indicated a high level of satisfaction. (See the detailed findings in Appendix 2 of this report).

### **5.1.4 Other Issues related to the effectiveness of support**

One of the fathers wanted to comment from their perspective about the effectiveness of the FSW in linking him into the support network. He recognised the positive outcomes of the FSW's involvement but felt that he had been excluded from the process. He informed the researcher that most of the conversations were between the FSW and his wife.

### **5.2 The effectiveness of the Family Support Service in contributing to the personal development of parents / carers**

This section will focus on the work undertaken with parents referred to the Family Support Service and activities and programmes established by the Service to provide personal development opportunities for the participants.



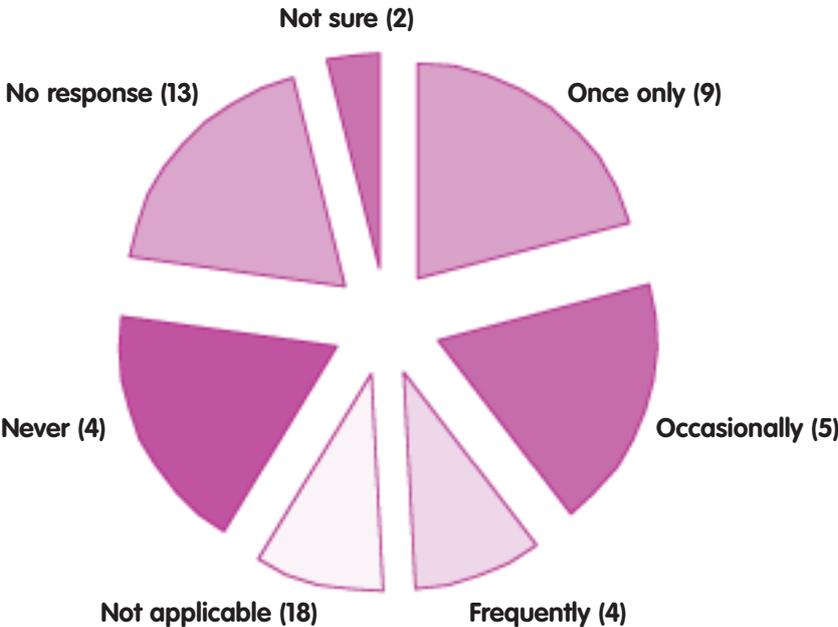
### 5.2.1 Information from the Parents Survey and Case Studies

#### Service: Access to group activities for parents

Chart 5: Responses to the question: About how often have you used this service in the last twelve months?

Feedback about this aspect of the work of the FST is very positive with 22 (85%) of respondents either satisfied or very satisfied. Respondents mentioned FSW providing information / links to events such as International Women’s Day, family learning sessions and community based education courses e.g. ESOL.

However, is important to note the relatively high level of ‘Never’ responses. This indicates that the respondents felt that they had not been informed about the activities. 3 individuals identified dissatisfaction due to a lack of information provided by the FSW. This included one respondent who said they had not been provided with any information about group activities for parents preventing them from attending.





### Service: Advice with training, education & employment

**Chart 6:** Responses to the question:

About how often have you used this service in the last twelve months?

Again, high levels of satisfaction were recorded in response to this aspect of the Service with 26 (92%) of the 28 respondents being satisfied or very satisfied.

3 respondents who reported that they had 'never' received 'Advice with training, education & employment', were dissatisfied with the service.

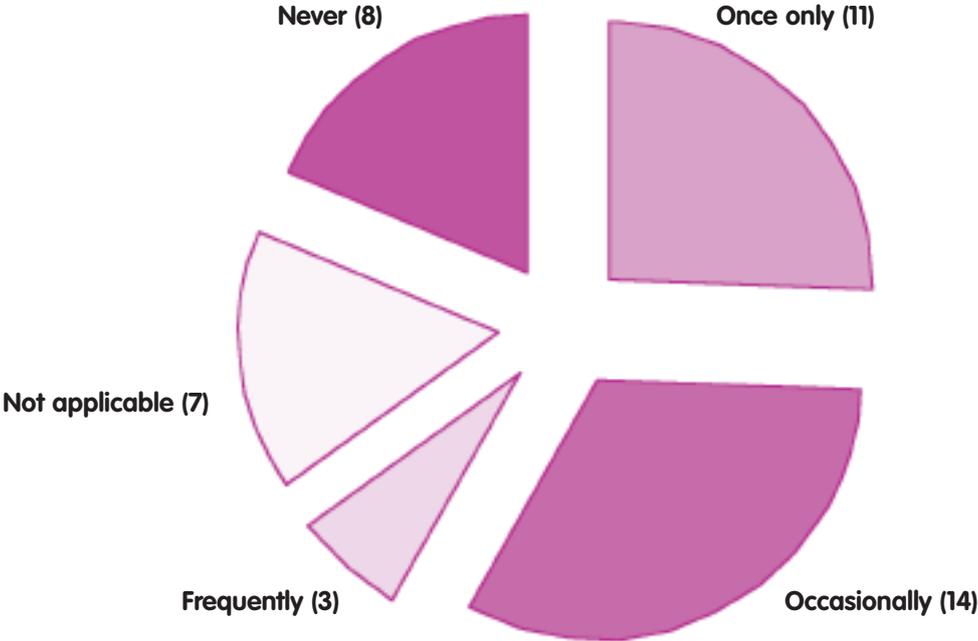
Several comments related to FSW's providing advice and help with completion of forms. 2 fathers were supported to get to the Job Centre. 1 respondent was linked with the Connexions Service. 1 person identified help to access an ESOL class.

#### Case Studies

Family A, the mother was linked to the Wolverhampton College for careers advice, which she found to be useful.

Family B the FSW supported the mother to attend English and computing classes.

Family C one parents received support to access Wolverhampton College and is now undertaking a range of computer courses. The other parent enrolled but did not take up the opportunity.





Further analysis is provided about learning opportunities in the Family Learning section (5.2.2) of this report.

**Service: Involvement in Sure Start e.g. member of the Board, member of steering group or committee**

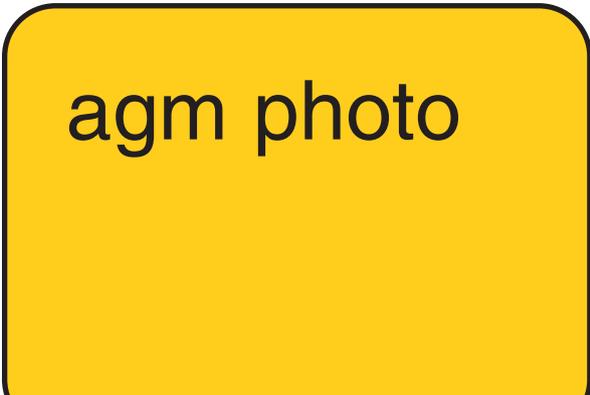
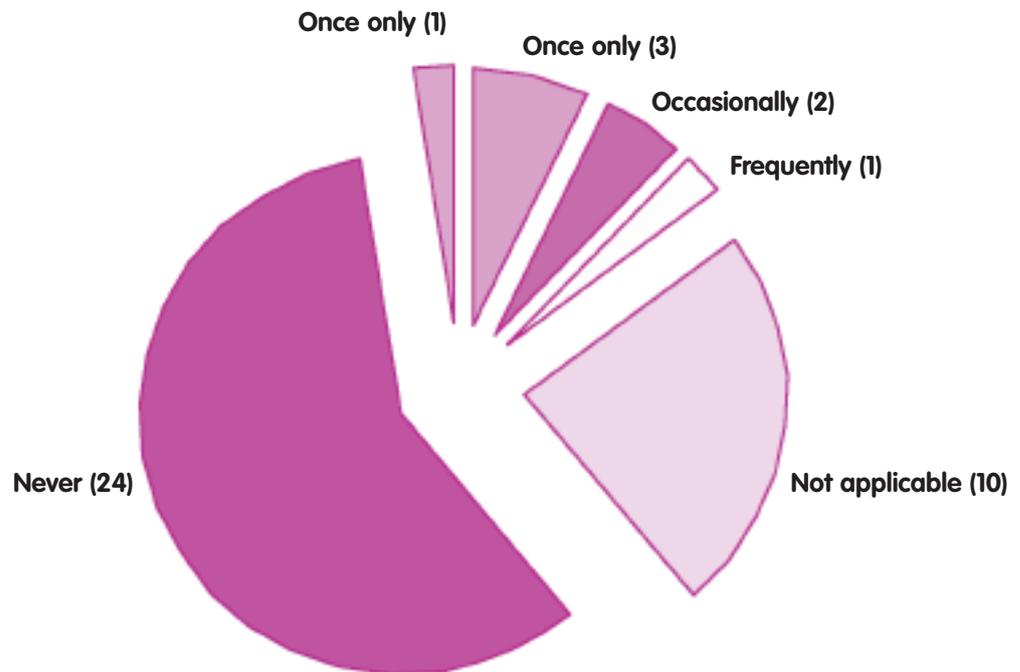
**Chart 7:** Responses to the question:

About how often have you used this service in the last twelve months?

4 respondents are either currently involved or being encouraged to participate by their FSW. 3 were satisfied that they had been informed but did not have the time or interest. 3 respondents had not been offered the opportunity and would have liked to have considered what was involved.

**Case studies**

Family A.. The mother said that she had made enquiries but nothing happened. Her partner enquired about involvement in the newsletter to talk about the role of fathers. He had also wanted to explore work opportunities related to Sure Start. From information in the file, the link related to the newsletter did not appear to have progressed. The FSW sent information about community development and volunteering but again the information on file does not indicate that this progressed. The link with the family has now been renewed following informing being shared by the researcher with the FST manager.





### 5.2.2 Activity and Group Work programmes related to the personal development of parents / carers

#### Family Learning

The FST manager describes family learning as the provision of opportunities for children and their parents / carers to learn together. The focus is on 'families' with the different generations sharing experiences. The Family Support Service encourages parents, grandparents, older siblings and / or childminders to attend with the children.

The key ingredients are that the activities provided at the sessions are interesting and fun and that they provide achievement and learning. Family learning is intended to assist parents / carers and children both at the sessions and home. It also provides the adults with an introduction to community and college based learning opportunities.

Family learning is co-ordinated by one of the FSW's. The programmes are advertised to the Sure Start members and the FST. If the workers identify a family that might benefit from the programme they may accompany them to the sessions

The general formula that the FSW has adopted includes an initial assessment of the interests of the parents, the provision of taster sessions and repetition of those that are most enjoyed by the participants.

Tutors provided by the Adult Education Service facilitate many of the specific activities. The sessions provide the parents with a gentle introduction to the idea of continuing education.

Family learning is organised as 10-week programmes.

Up to December 2004 four programmes have been completed at the following venues:

- Tabernacle Church (in conjunction with the Parent and Toddler Group)
- Kings Church
- Central Baths (provided as a summer programme)
- Gatis Street Adventure Playground

Evaluation information was obtained from the registers, FSW session recordings and evaluation forms completed by the participants





**Table 2**  
Summary information from the registers of the completed family learning programmes.

Venue	No. of families that attended	Average attended	No. of families attending 50% of sessions or more	No. of families attending 25% of sessions or more	Highest attend	Lowest attend
Tabernacle Church	43	13 families	14	17	19 adults 26 children	6 adults 6 children
Kings Church	17	7 families	8	11	14 adults 17 children	3 adults 3 children
Central Baths	16	7 families	7	10	11 adults 13 children	3 adults 3 children

NB. A 'family' constitutes a parent / carer plus a minimum of one child

Special events attracted high numbers e.g. a Zoo visit attracted 28 adults and 35 children

The table indicates a positive level of take-up and consistency of involvement. From information in the recordings and staff interviews, the high numbers achieved at the Tabernacle Church appear to be influenced by the following factors:

- The sessions being run in association with an existing parent and toddler group
- Access to on-site parking
- Pleasant environment

One factor identified is that a small number of the participating families have attended more than one of the Family Learning programmes. Time has prevented this from being tracked further in order to identify exact numbers. However, three parents who are now volunteers working with Sure Start informed the evaluators that they attended all the programmes.

The workers recordings provide a good insight into the activities because they provide factual information, identify problems / issues and the learning they have drawn from running the sessions. These include:

- the need for sufficient staffing i.e. FSW staff and childcare / crèche support particularly when children with learning difficulties are participating. This enables parents to engage in activities and FSW's to relate to parents and children as appropriate
- practical issues such as providing clearer information about activities, the availability of car parking at some venues etc.
- at times smaller numbers attending can provide positive opportunities for families to interact with each other and the workers than when larger groups are present.



The recordings also identify the mechanism for registering 'incidents' which might include concern such as health and safety.

There were five evaluation forms completed at the end of the summer programme by regular participants. All were very positive about both the programme and the helpfulness of the FST staff.

The following quote indicates the value of the programme to a participating parent:

*"A fantastic help to me, giving me contact with other adults and fun for the children. A well thought out and well staffed plan of activities"*

The FSW responsible for co-ordinating the family learning has a book of photographs of the sessions. Two comments recorded in the album also illustrate some of the benefits:

*".... It is fun to mix with other families and get support for me and my children. Coming from a travelling community it has been difficult before to get accepted."*

*"It's good to have a go at learning from other cultures."*

Linked to the discussions about this evaluation, the FSW responsible for Family Learning circulated an evaluation form to the members. The one returned was from a person who had attended three of the activity centres. This provided clear feedback about: the sessions attended / enjoyed; improvements required e.g. negative aspects of the venues and the need for more sessions.

She perceived of the role of the worker as:

*"To encourage parents and children to join in activities, initiate activities, to make everyone feel included."*

She stated that she had benefited from

*"... meeting other people at a time when I was feeling isolated. Engaged in interesting activities adding something different to the routine."*

### Other Training

The same FSW co-ordinates the delivery of three other courses for parents / carers:

- First Aid - duration 10 weeks
- Food Hygiene – duration 4 weeks
- English for speakers of other languages - duration 1 academic year

Participants are identified through people expressing interest on the Sure Start membership form or to one of the FSW's at an event, group activity or during family casework. When there is a cohort of ten people or more the FSW notifies the Adult College.





The college staff organise a venue (usually Gloucester Street Community Centre), a tutor and crèche. The college contact the parents. The FSW circulates the list to the other team members to ensure appropriate support is provided to any parents. The FSW also contacts all the parents by telephone to confirm the arrangements and attends the first session to provide any support that might be required. She continues to visit the longer courses on a regular basis to review progress.

There is no monitoring or evaluation information available because there are no protocols between Sure Start and the Adult College. The FST manager is currently negotiating to obtain copies of student evaluation forms from courses run for parents referred by the Family Support Service.

### Family Drop-in session

This small group session has been set up and run by FSW's to assist parents/carers who may be isolated or have difficulty with getting out of their homes and accessing activities in the community. It has included people affected by post natal depression

Recruitment to the group is predominantly via FSW's identifying parents who may benefit from a small group environment. Some of the participants are supported to attend by their FSW.

The same two FSW's facilitate each session to provide continuity for the parents and children that attend. The focus is on working with the parents rather than parent: child relationships. At the request of the parents, child-care is provided in the same room as the adult activities.

The drop-in involves an activity programme include aromatherapy, keep fit, massage, managing stress and self-defence. Some of the activities are facilitated by the members themselves e.g. massage and keep fit. One of the key workers identified arts and crafts as the favourite activity of the group members.

There are also specific information sessions provided by external facilitators including: 'Action for Jobs'; healthy eating; budgeting (Family Savings Project); accident prevention and health (health visitor and oral hygienist).

An Adult Education tutor, who has particular expertise in community participation and group work, has recently joined the core team. The organisers are now considering whether programmed learning might be of interest to the group following a successful session on 'protective behaviour'.

The workers have endeavoured to create a non-threatening environment to encourage participants to talk about issues.

Worker recordings and attendance registers are available for 19 sessions from February to November 2004.



**Table 3** Attendance at the Family Drop In sessions

No. of families that attended	Average attendance	No. of families attending 50% of sessions or more	No. of families attending 25% of sessions or more	Highest attendance	Lowest attendance
29	5 families	2	7	10 adults & children	2 adults & children

Of the 7 families that attended 25% of the sessions or more, most attended more than 30% of the sessions.

8 of the participants also attended other group sessions organised by the Family Support Service.

From the recordings the sessions appear to have enabled a number of the participants to discuss problems that were affecting them.

The recordings provide a good insight into the development of the group and the FSW's recognition of the difficulties that some people had in participating due to their level of self-confidence. However, they do not provide information about the extent to which the group has enabled the participants to gain the confidence to access other provision

There were no evaluation forms from the participants. However, there is a letter from a member who facilitated a session who expressed her pleasure at having this opportunity.

*"I felt relieved and also 'happy' that my skills had 'worked'. This Session itself had also been a little 'boost' of positive re-enforcement for me as a mother and as a 'therapist'."*

**Group work with teenage parents**

2 groups for teenage parents have been established by the FST: Dunstall Young Parents Group; and Seacole Court group.

**Dunstall Young Parents Group**

The involvement of Sure Start began with a request from the Community Play and Youth Service (CPYS) in March 2003 for assistance with play equipment / crèche facilities and a programme of activities to support a small group of teenage parents with babies meeting at the Community Centre. The youth workers also wanted assistance to promote the group to teenage parent members of Sure Start. The FSW's were able to provide the support requested and continued to liaise with the group. In October 2003 an agreement was reached that Sure Start staff would co-facilitate the group with the local youth worker.



The purpose of the group was to reduce isolation, provide access to information and opportunities to improve their quality of life. The intention is to provide a mixture of sessions with some focusing on parent: child activities and some specifically for the mothers. Crèche facilities were to be organised to enable the parents to engage in the sessions effectively.

Evaluation information was obtained from the FSW attendance information, session recordings and interviews have been held with the three workers with this group.

This indicated that the group has faced a number of difficulties, many related to the use of the building due to renovation work and negotiating access to the centre and facilities with other users. There have also been difficulties providing crèche support.

The FSW and youth worker maintained contact with the group members through visits to places of interest, events and an activities programme initiated in January 2004.

In November 2004, a community tutor from the Adult Education Service was recruited to the team. The sessions with the young people now involve a social session for the first hour and then a programme of taster activities including: aromatherapy; nail art; craft sessions; and personal safety. Links have also been established with the Family Savings Project.

The inclusion of the Adult College has meant there is now free crèche provision to support the group although this is cancelled at times with limited notice. (Crèche provision is discussed in the summary section below). The FSW has also linked the group with teenage parents in supported accommodation at Seacole Court. The sessions have maintained a regular attendance of 5 to 6 parents with their children. From the recordings, some fluctuation in numbers appears to be related to the weather. If it is very sunny, the young parents take their children to the park rather than attend the centre. The highest attendance were for sessions in January and June 2004 when 11 families attended. The consistency of

attendance indicates that in spite of difficulties related to the centre, the young people feel motivated to attend.

The youth worker identified a substantial change in the young people as a result of the group. The established members are less defensive and more supportive to new members.

Although the details are not recorded in the file, the workers recordings indicate that the participants are involved in reviewing the development of the group with the staff.

The responses from the non-Family Support Service staff interviews indicate that the FSW works effectively with the young people. They feel she displays a high level of commitment to the maintenance of this group in difficult circumstances. At times this has involved being persistent and assertive with the young people as well as incorporating them in decision making.



The notes indicate that three of the parents started attending college courses. It is not possible to identify the extent to which the work with the group has helped to stimulate this interest. It is interesting to note that one of the young people is undertaking youth work training.

### Seacole Court

Seacole Court is a supported housing initiative built by Nehemiah Housing Association. FSW's had been visiting young parents at Seacole Court in relation to individual referrals. The FSW with a specific interest in teenage parents and the manager of Seacole Court developed the idea of a weekly drop-in session.

The purpose of the group was to reduce isolation and provide access to information and opportunities to improve their quality of life. Group sessions began in January 2004.

As with the Dunstall group, the FSW organises activity programmes that focus on parent child relationships such as play and stimulation, baby massage and sessions that focus on the parents such as nail art and aromatherapy. The group members also discuss a wide range of issues including: childbirth; relationships; child development; and parenting. They also raised problems relating to Seacole Court that the FSW's are able to relay to the staff or assist the young people to express their concerns directly.

Representatives from Family Savings Project were invited to attend some of the sessions to: explain the function of a credit union; introduce the Project and recruit the participants as members / savers. These workers have maintained an on-going contact with the young parents.

Links have also been developed with a support worker from the Teenage Pregnancy Unit (TPU) and a worker from Barnhurst Family Centre.

Again, information has been obtained from the FSW's attendance registers, session recordings and a small number of evaluation forms. (See Table 4 below)

34 sessions are identified in the recordings between January and November 2004.

The attendance register shows a steady increase in membership over time with a core group of 6 to 7 young parents attending on a regular basis. This indicates that the sessions are interesting. This is reinforced by the fact that some of the members were also prepared to travel to attend the sessions at Dunstall Community Centre.





**Table 4**  
Attendance information for the teenage parents group at Seacole Court

No. of families that attended	Average attendance	No. of families attending 50% of sessions or more	No. of families attending 25% of sessions or more	Highest attendance	Lowest attendance
15	5 families	4 ( including 1 who has attended all )	8	11 adults & children	2 adults & children

One of the recordings indicated that the young people were so involved in the sessions that when they could not use the training room they used a resident’s flat as the venue for one of the sessions.

The recordings include evaluation forms from 4 of the participants. The Table 5 below summarises the responses:

The respondents’ comments about the group included

*“Learned more about weaning”*

*“Helped me to be more confident to talk to people”*

The respondents’ comments about the ways the group involvement has helped with the children:

*“Helped me to see what he likes to do and play with”*

*“Got her used to being around other people”*

They identified a number of improvements: more things to do; more resources and space; more weaning activities; and other activities including swimming and music.



**Table 5**

Summary of consultation undertaken with teenage parents at Seacole Court by the FSW

Question	No. of responses	
Do you find the group enjoyable?	Very 3	Quite 1
Do you find the group useful?	Very 3	Quite 1
Have you tried out something you have learnt in the group?	Yes 4	
Improved self-confidence	Yes 2	
Improved understanding	Yes 3	
Helped me see others who face the same issue	Yes 3	
Improved child’s development	Yes 2	
Improved child’s ability to mix with other children	Yes 2	

The worker from the TPU felt that the group was “innovative”, using a variety of ways of engaging the young people. The worker from Seacole Court felt the group worked well and she could see improvements and developments in the parents.

Overall the group appears to be functioning well. The limitations appear to relate to the difficulties with space at Seacole Court and childcare support.

**Safety N.E.T.**

The aim of the Safety N.E.T. project is:

*“To reduce admissions to hospital Accident and Emergency Department by promoting safety awareness to families with children under 4.”*

(Ref. Sure Start Project Appraisal Form)

The project has been developed by one of the FSW’s in conjunction with Health Visitors and a range of safety agencies e.g. the Fire Service. Advice has been taken from the Royal Society for the Prevention of Accidents (ROSPA).



The sessions are held on a monthly basis and are often run in conjunction with other activities such as the Family Drop-In or Dunstall Teenage Parents Group. The Sure Start team and other agencies promote the sessions.

The sessions cover a range of potential hazards affecting young children such as: electric shocks; burns; poison; and cuts, bruises and abrasions. Sessions are provided on a variety of topics with input from specialists: kitchen safety / food hygiene (Community Food Advisors); first aid (College Tutor); and fire safety (FSW). Safety equipment is displayed and participants can order the items they need. The safety equipment is provided at a subsidised cost. One of the Family Savings Project workers attends to provide Credit Union loans of £12.00 to assist people with limited funds to cover the cost of the basic safety kit. The safety equipment is fitted by a technician employed by the Safety N.E.T. project.

Participants can also request additional training (see training sessions earlier in this section) or a home risk assessment.

There are a range of incentives provided to encourage people to attend such as: free gifts; safety gift vouchers; and the opportunity to win a supermarket gift voucher during the kitchen safety session.

The hospital A and E department notify Health Visitors about accidents to children in the area. This information is shared with the FST. Where there are a number of similar accidents, the Safety N.E.T. programme is adapted to address the issue. Families affected by accidents are invited to the sessions.

Registers are kept for each session. The figures for 2004 were assessed for this evaluation. Forms were circulated at Safety N.E.T. sessions for participants' comments but were not always completed.

**Table 6** Safety N.E.T. attendance figures and evaluation comments

Date / Venue	No. Attended	Evaluation comments
January Venue not recorded	7	7 evaluation forms - very positive feedback
February Cranmer Methodist Church	6	2 evaluation forms - positive response
March Dunstall Community Centre	10	
May Tabernacle Church	9	
June Tabernacle Church	11	3 evaluations - very positive
July Kings Church	4	
September Gatis St Play Centre	10	
October Tabernacle	4	
November Venue not recorded	14	
December Venue not recorded	7	



The information available indicated that 82 people attended with an average of 8 participants per session. From the participant feedback, the sessions appear to work well. The process is well constructed with good follow up support.

As with other group work sessions which the FST are involved in there have been difficulties with child care support from time to time.

### **5.3 How other services perceive the Family Support Service and whether the work can be carried out more effectively and The relationship between family support and other initiatives in health, social exclusion and regeneration**

Information in this section of the report is drawn from interviews with Sure Start managers, front line staff from other agencies working with FSW's, Board members and managers of partner organisations. The full list of respondents is provided in Appendix 5.

FSW's work with a wide range of agencies. On the basis of this evaluation the principle partner services are:

- Adult Education Service
- Child care providers
- Community, Play and Youth Service
- Primary Care Trust  
i.e. midwives and health visitors
- Social Services
- Supported housing for teenage parents

Other organisations with which the FSW's are involved on a regular basis are Food Advisors, Wolverhampton Asylum Seekers and Refugee Support (WARS) and the staff of the Family Savings Project. Specialist services such as Speech and Language Therapists are involved when appropriate to casework.

There are a range of different mechanisms employed by FSW's in undertaking partnership work. FSW's may co-visit a family with a member of staff from another agency. FSW's contribute to two-way information sharing between agencies where appropriate. As detailed above some group work is co-facilitated with staff from other agencies. In some cases e.g. Seacole Court Young Parent's Group, initiatives are developed jointly with other agencies.

### **The Role of the FSW's**

Front line staff from other agencies working with FSW's were asked about their perception of the role of FSW's. Generally, respondents had a very clear perception of the casework function related of FSW's. The exceptions were those who co-facilitate group work programmes with the FSW's. The responses can be summarised as follows:

- Undertake initial assessments of families
- Get to know / befriend families
- Develop programmes of care
- Increase parenting capacity / confidence to leave the home and meet other parents, develop skills and self sufficiency
- Aware of the functions of other agencies so that they can signpost or refer as appropriate
- Accompany people to appointments
- Pick up signs when there are problems in a family and responding with preventative measures or alerting appropriate agencies
- Provide more intensive support than Health Visitors to families who are experiencing difficulties



### Work with different communities

Respondents were asked whether they are aware of the Family Support Service working with all the cultural communities in Whitmore Reans and Dunstall. The interviewees were able to cite examples from their experience. They felt the diversity of cultures / languages within the team have been a positive factor in working with people from a variety of cultures. When FSW's have been unable to communicate they have brought in people to interpret, including volunteer parents.

A range of stakeholders were asked to provide their perception of the effectiveness of the Family Support Service. The research used open questions. The following provides a summary of the responses.

### Relationship to other services and initiatives

Respondents identified the following changes and development of services:

It was reported that the work of the FST has influenced the way in which Community Midwives deliver antenatal parenting programmes to improve take up of this service.

The FST has contributed to the development of support services for Asylum Seekers and Refugees. The FST manager is involved in the Asylum and Refugee Steering Group. This involves the Family Support Service at a strategic level. She is able to contribute useful contacts and develop links with other services. The FST is also represented at the Inter Agency Working Group that meets quarterly and focuses on information sharing. At an operational level, a FSW is involved in a fortnightly clinic for Asylum Seeker and Refugee families. To date the relationship appears to be at an information sharing / family advice basis which is viewed very positively by the agency respondents.

The FST identified the need to develop contact with young Asian parents. This has contributed to the decision by the City Council's Community, Play and Youth Service to continue to fund an Asian youth work post



The Adult Education Service, as a provider of Family Learning, has links with Sure Start through the programme manager, the FST manager and the FSW lead for family learning. The provision of tutors for family learning programmes has resulted in a range of positive opportunities for the Sure Start participants. It has however raised issues for the Adult Education Service. The interviewee informed the researchers that they do not always meet the requirements for the College funding for a number of reasons including: participant numbers are not always high enough; families do not attend consistently; the participants are not enrolled.

This area of work has created a dilemma – balancing the requirements of the college criteria against the needs of families in the community. This will need to be addressed.

In relation to 'Healthy Eating' initiatives there is regular interaction between the Food Advisors and the FSW's in part as a result of both teams location in the same premises. The current impact of the FST seems to be at an operational level through casework referrals and the involvement of the advisors in FST group work. Similarly, the FST involve families in initiatives organised by the Food Health Team

Sure Start has contributed to the 'Inclusion Strategy'. The Programme Manager attends the Early Years Special Needs Working Group Partnership. At an operational level the FSW's are involved with a small number of families, with children with learning difficulties, that require a high level of input. It was reported that the support provided by FSW's is crucial to keeping the some of the families together. One of the benefits of Sure Start has been the funding to purchase time in childcare facilities, which provides stimulation for the children with learning difficulties and respite for the parents. Anxiety was expressed that the current flexibility to purchase specialist provision will be lost when the Children's Centre comes into existence.

The target group of 'Job Centre Plus' has developed from lone parents to families. Involvement with Sure Start staff is at the early stages. In time they want to make contact with families and offer employment and training opportunities to reduce dependence on benefits. Links with FSW's could provide support to families to meet an advisor as well as reassurance that this contact will not jeopardise their entitlement to benefit.

Joint work with Health Visitors to provide post-natal care is the most significant relationship. The view of the relevant respondents is that this relationship works effectively because of the understanding that has built up through joint assessment visits, good communication and Health Visitors feeling supported by FSW's assisting parents to keep health appointments. One respondent felt the FSW's had enhanced the Health Visitor role. The majority of families hear about the FST through their health visitor.

However the process of Notifications of live births by Health Visitors to Sure Start requires further work to enable the FST to meet the national target of 100% of babies visited within two months of birth.



Social Services acknowledge the role of the FSW's and are increasingly including them in discussions about cases including sharing case conference notes.

The impact of the FST work on the 'Teenage Pregnancy Strategy'.

Currently a FSW attends the Teenage Pregnancy Support Network. The focus of this group is primarily operational rather than strategic. This forum provides the opportunity for good communication between the services working with teenage parents.

The TPU is currently considering the establishment of strategy meetings to involve Sure Start programmes at management level.

At an operational level, the group work organized by the FSW at Seacole Court has enabled the input to teenage parents to be rationalized. The young parents are offered the support services they need through the group rather than duplication of provision through workers from different agencies.

**Gaps in service provision**

The following gaps in provision have been identified through FSW's working with partner agencies

**Table 7**

Gaps in service provision identified as a result of FST is partnership work

<b>FSW work</b>	<b>Gap in provision identified</b>
<b>Group work with teenage parents</b>	<b>Lack of contact with / provision for Asian teenage / young parents</b>
<b>Casework and group activities &amp; programmes</b>	<p><b>Agencies do not always have staff who are speakers of Asian community languages.</b></p> <p><b>The FSW's have used their language skills to enable families to obtain information and access advice</b></p>
<b>Breast feeding development</b>	<b>Lack of peer breast feeding counsellors</b>
<b>Clinic drop-in</b>	<b>Informal support and information for parents</b>
<b>Group work programmes</b>	<b>Obtaining childcare on a consistent basis to enable parents to engage in personal development activities in the knowledge that their children are being cared for.</b>



### Effective aspects of Family Support Service

#### Work with families

Firstly, respondents feel the FSW's are able to enhance the services of community health workers. They save time for Midwives by encouraging people to attend clinic appointments. They build on the work of Health Visitors by identifying families' needs and acting on this assessment.

Secondly, they are able to provide local support to families when specialist input from citywide services is no longer required

Thirdly, the agency workers feel that the FSW's are effective listeners and as a consequence are able to work appropriately to develop the capacity of families to resolve difficulties for themselves. They are able to improve parental confidence and skills and enable families to use community facilities and interact with people outside the home

#### Work with partner agencies

Generally stakeholders are very positive about the way in which the FSW's operate as partners. They refer particularly to experiences of effective co-working, communication and liaison.

#### Team functioning

The respondents reported that the FST's structure works effectively. Members bring complementary skills and the team is effectively managed. One respondent identified the positive role the manager had played in response to a difficulty in the relationship between a FSW and a partner agency. Stakeholders reported that FST present to other people as friendly, approachable and non-threatening.

### Aspects of Family Support Service that require development

Interviewees identified the following as difficulties that they had experienced in relation to the Family Support Service.

#### Relationships and communication

Issues concerning the relationship between the Family Support Service and other agencies varied with the organisations concerned. Some respondents mentioned difficulties in communication. For some, this appears to be about differences of approach, while others have insufficient information about the work of the Service. One person was concerned that communication had deteriorated so that they now felt less involved in the work of the team. One agency representative was uncertain about the mechanism for referring families to the FST.

#### Delivery of services

The responses involved issues of role and approach to work with families. Firstly, the involvement of a FSW can mean there is another worker going into the home of some families already in receipt of support. This may overload some families with service providers and create difficulties with clarity of role.



Secondly, a respondent expressed concern about judgements made on one visit. The example was given of an inaccurate assessment (in the view of the respondent), that everything was fine, based on a single visit by a FSW that did not involve both parents.

Fourthly, three respondents were concerned that the respective roles of FSW's and staff from other agencies can lead to tensions. For example, in child protection cases, the primary focus of social workers is on the needs of the child. FSW's may focus on befriending the parents to help them to resolve family issues. This may constrain the FSW from challenging the parents about the needs of child.

Finally, the respondents felt it was important for the Family Support Service to maintain an effective balance between support for families and enabling families to become self sufficient.

This is related to another issue raised by respondents about getting the exit strategy right and not withdrawing support from families too abruptly having built up a trusting relationship. Improvements to the Family Support Service

The stakeholders were asked to identify the improvements they felt could be made to the Family Support Service. Some of the suggestions have implications for other services.

### Clarity of roles

It was felt that there was a need for greater clarity about where the Family Support Service fits into working with families. This was identified because some agencies, in the view of the respondents, expect too much of FSW's. They also felt that, at times, the FSW's take on too much with limited training.

One interviewee felt that FSW's may be drawn into filling gaps e.g. child protection that is not high risk but where there is vulnerability and support needs. This can result in FSW's, together with Health Visitors, being required to provide a high level of support. Another respondent identified that there are dangers associated with the current generic role, particularly when working with families that have complex and challenging needs. The workers therefore require appropriate training and supervision to reduce their vulnerability. One of the respondents felt that family support ultimately needs to have an accredited qualification. Birmingham City Council have piloted a course that could be examined. The need to develop quality assurance in relation to family support work was also suggested.

The respondents felt there was a need to identify the boundaries of their intervention and for agencies to be more aware of their capabilities and limitations. The need for protocols, clearer referral systems and role definitions between Midwives, Health Visitors, Social Workers and Sure Start staff were suggested. There was a suggestion that the Early Years Partnership could help with this because of the relevance for the current development of Children's Centres.

### Communication and information

One respondent felt the linkages between services could be improved to ensure the better co-ordination of the different initiatives and funding targeted at children.



One respondent wanted a representative from the FST to visit their organisation and provide information about what they are doing and how they could work together. This would enable workers to link families to the service without necessarily using a structured referral process. It was also felt important to create opportunities for Board members to visit activities to enable them to comment on the services more effectively.

Some respondents felt there was a need for the FST to be located in more parent friendly premises

### 5.4 The relationship between the work of the team and the Sure Start objectives and targets

#### Objective 1 - Improving social and emotional development

In particular by supporting the development of good relationships between parents and children, enabling early identification of difficulties, helping families to function effectively and promote social and emotional well-being

##### Targets:

- (a) Increase in the proportion of babies and young children under 4 with normal levels of personal, social and emotional development for their age

The parent survey and case studies indicate that positive support is being provided for parents and children in a variety of settings.

FSW's are introducing play in the home to assist with child development and parent - child relationships. Where appropriate, the workers are introducing the parents to behaviour management techniques. They are also introducing parents to Stay and Play / Family Learning activities to develop social skills of both parents and children.

In situations where more support is required, referrals are made for nursery places / respite care or to speech and language therapists. The feedback from parents about respite care in this research and the consultations undertaken by the Evaluation Officer, is that the outcomes for families are positive.

The work with the teenage parents is helping them to engage in child development activities and to access services.

- (b) *100% of families with new born babies living in the Sure Start area to have been visited by local programmes within the first two months of the child's life*

Information provided by the Sure Start Administrative Worker and Evaluation Officer from the database show that for the last full year, 2003 – 2004, contact had been established with the families of 83% of new born children within the target time period.

The FST manager and administrative worker provided the researchers with the latest monitoring information related to notifications in September 2004. This revealed that there were 10 live births during the month. Health Visitor notifications were received for 6 babies and FSW visits were undertaken to all of these within two months. Health Visitor notifications were not received on the remaining 4 and they were therefore not contacted within the two month target period. Therefore, in relation to the notifications they received, the FST is meeting the target. However, the FST is currently unable to meet the 100% target due to issues related to notifications.



The FST manager is developing a strategy in partnership with the PCT to improve this situation.

Liaison at a strategic level has resulted in changes in practice in an effort to improve the system. In October 2004 the administrative system was modified so that the Sure Start office receives the list of live births (prior to Health Visitor notifications). This enables the staff to monitor whether they are receiving notifications on all live births and the timescale involved. The PCT Strategic Health Co-ordinator has been actively involved in developing new guidance, introduced in December 2004, that Sure Start notification forms are attached to new birth information and completed during initial visits by Health Visitors. It is hoped that this will streamline the process and speed up notifications

*(c) Parenting support and information available for all parents of young children in Sure Start areas*

Through introductory home visits, group work and casework in response to referrals, the FST is working towards making themselves available to all families in the area. This is being enhanced by the information about the team being provided to parents through publicity material / events and by workers in partner agencies, both statutory and voluntary.

As identified in the recommendations, it is important that the FST provides a summary document of their activities for agencies so that they become aware of the full range of services provided.

*(d) Care and support will be provided to mothers with post natal depression*

From the parent survey, this service is being provided in a positive way to those people who are referred for support. In addition, the group work, particularly at the family drop-in session, provides opportunities for parents to obtain support, both individually and collectively.

The perception of one of the health respondents is that the FSW's have had a positive impact in providing support, assisting people to use specialist mental health services when required.

It is vitally important that the FST continues to promote the services they provide in this area to maximise the contact with women who need support with postnatal depression. The staff must also develop their skills in one-to-one work to ensure that they enable women (or other family members) to raise the issue with them.



## Objective 2 - Improving health

In particular, by supporting parents in caring for their children to promote healthy development before and after birth

### Targets:

*(a) Reduce the proportion of mothers who continue to smoke during pregnancy*

From responses in the parent's survey, smoking was not a major issue within the interview cohort. Where appropriate the FSW's provide information and sign post parents to cessation services.

*(b) Information and guidance on breast feeding, nutrition, hygiene and safety available to all families with children*

and

*(c) Reduce by 10% the number of children aged 0 – 3 admitted to hospital as an emergency with gastro-enteritis, a lower respiratory infection or a severe injury.*

From the various information sources in this evaluation, there are initiatives related to each of the target areas.

The breast-feeding provision has not developed as quickly as planned due to staff turnover, therefore there is a reduced capacity of trained health professionals. There is a plan to initiate group support for breast-feeding, which is due to be implemented in 2005.

The FST have involved the Food Advisors in several of the group work activities and are a crucial part of the Safety Net programme. Referrals of individuals for dietary support are made by FSW's in the course of their casework. FSW's also involve families in Weaning Parties and Food Frenzies.

There is Keep Fit and Food for Life sessions that have recently started but it will take time to assess their effectiveness.

The Safety Net programmes appear to be functioning well. One of the Safety Net targets is to reduce A & E admissions. Baseline data has not been available to assess the effectiveness of this initiative. However the perception of the PCT Health Co-ordinator is that the Safety Net programme is effective in empowering families by providing information and advice. In particular she identified the input on first aid and infant resuscitation and the presentation of certificates as important elements. Other positive indicators she identified are the good level of attendance and a waiting list of interested parents.

*(d) To make available ante-natal advice, support and information to all pregnant women, fathers to be and their families*

The FSW's have developed antenatal provision within the area in conjunction with the NCT. Midwives link prospective parents to this provision. Some of the group work creates links with pregnant women, particularly those having a second child. This includes the work with teenage parents.





### Objective 3 - Improving children's ability to learn

In particular, by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs.

**Targets:**

To contribute towards the increase in the number of children with normal speech and language development at age 2 and an increase in the proportion of children living in the area, having normal levels of communication, language and literacy at the end of the foundation stage.

Much of the FST's current contribution to this target has been identified under objective 1 above. However, the PCT Health Co-ordinator perceives that their role in this area will increase due to the shortage of speech therapists. This may increase further in the future, as speech therapists jobs with Sure Start cannot be guaranteed after the end of the programme in April 2006.

There are plans to train some FSW's to understand language and speech problems and be able to provide some kind of low-level assessment and give general advice and first tier support. There are also plans to take on a speech and language assistant who can deal with more difficult cases and provide mentoring support for FSW's.

Family learning, work with parents and children during home visits and referral to respite care are FST interventions that can assist in meeting this target.

To provide all children aged under 4 with access to good quality play and learning opportunities, thereby enabling them to progress towards early learning goals when they get to school

Much of this has again been covered in objective 1 above. However, concerns exist about crèche provision to support the group activities.

Promote the use of libraries by families with young children in the area

From the parent survey, the FSW's introduce reading into their casework activities and signpost parents to the activities for under 4s in the library (some of which have been developed through Sure Start initiatives).

### Objective 4 - Strengthening families and communities

In particular by involving families in building the communities capacity to sustain the programme and thereby create pathways out of poverty

**Targets:**

- (a) To contribute to the reduction in the proportion of 0 – 3 years old children living in households where no one is working.





On the basis of information from the family survey and case studies, the FSW's have provided links for families on caseloads to education, training and employment opportunities. This has been extended to focus on fathers with specific events at the clinic drop in.

The family learning and community-based courses (particularly ESOL) developed in conjunction with the Adult Education Service, have enabled parents to continue their education and training and obtain employment.

Work with teenage parents has contributed to three young women taking up vocational courses.

*(b) To support the collection of personal evidence of an improvement in the quality of services providing family support*

The Sure Start Evaluation Officer is engaged in a variety of research programmes to identify the contribution and quality of family support. The quantitative information, both available to Sure Start and by the team needs to be improved. There is a great deal of qualitative research currently being undertaken.

*(b) To encourage the involvement of local parents in the Sure Start programme at all levels; to work in partnership with Job Centre Plus, local training providers and further education institutions.*

Much of this has been addressed in (a) of this section. Additional information relating to the developing relationship with Job Centre Plus is identified in section 5.3 above on the perception of the Family Support Service by other agencies.

In relation to the involvement of parents in the programme, there have been some successes and some difficulties.

The parent representative on the Sure Start Board, interviewed during this evaluation, identified the positive support she had received from the Family Support Service. Initial help with a family problem and involvement with Stay and Play gave her the confidence to study for a childcare qualification. She continues to receive support to fulfil her current role on the Board.

Three parents who received support from FSW's and attended family learning programmes are now volunteers with Sure Start.

Two fathers interviewed during the research, identified improvements that are required to further develop the involvement of fathers. There is recognition of this issue within the FST and wider Sure Start programme. The staff are encouraged to engage fathers and attempts are being made at present to establish a fathers' group.

The FSW's have been effective in organising groups but this does not appear to have resulted in the parents being involved in the delivery of services. This may be developed if the initiative to involve parents in peer support with breast-feeding is successful.





### Summary and Conclusions

This section summarises the findings of the evaluation.

6.1 The effectiveness of the Family Support Service in:

- a) enabling parents /carers and their children to participate in informal and formal support networks
- b) contributing to the personal development of parents and carers

It is clear from the parent survey that the Family Support Workers are working effectively to enable individual families to access a high proportion of services. These include services provided directly by the FSW's in the home as well as access to other services through provision of information, sign posting, accompanying parents to appointments and referral to specialist services.

Where the FSW's have identified needs or gaps in provision they have developed services such as the drop-in sessions and baby massage.

There is an indication that at times the FSW's do not identify the range of services that they and partner agencies can offer when they undertake initial visits. This is indicated by a small number of people who felt they were not offered services that they felt would have been helpful.

As mentioned at the beginning of this report, there may be an element of forgetfulness on the part of the respondents or other issues of more importance to consider. However, opportunities to develop learning, are important for family development and therefore need to be consistently promoted by the Family Support Service.

The researchers found that some families had lost contact with Sure Start due to moving house and therefore may not be receiving promotional information by post.

The Breast Feeding support has not developed effectively. There appears to have been a reliance on health professionals and the provision has not functioned because they have moved away from the area. Although there are plans to develop a peer support group it is unfortunate that this did not happen at the same time as the Breast Feeding training for the health professionals. There are indications that parents attending some of the sessions, such as the clinic drop in, are providing advice to each other on some issues.

There is evidence in the findings of this report that the Family Support Service is contributing to the personal development of parents and carers and that this is being undertaken very effectively.

The parent survey clearly shows high levels of satisfaction with the services related to personal development.



From the registers and recordings, it is clear that a high number of families attend the group sessions. The regularity of attendance is an indication that the sessions are viewed as interesting and valued, which is re-enforced by names appearing in a number of different group registers. Feedback provided by evaluation forms is also very positive.

Some of these group sessions have then been used as a mechanism to introduce the participants to other family services and activities through inviting specialists from those services to facilitate sessions.

The initial home visits and the group activities require a high level of resources, with most groups involving two FSW's. In addition some families are supported to attend group activities by other FSW's. Although external facilitators provide some support for group sessions, the primary responsibility appears to be carried by the Family Support Service.

One father identified a problem of not being involved in discussions about the FSW's interventions. One of the case study fathers indicated that his expression of interest had not been followed up as fully as possible. Following the completion of the evaluation, information was provided by the Sure Start Evaluation Officer that one of the FSW's is involved in obtaining the views of fathers through focus groups. It appears that to date however, the take up has been low. It is important that all the workers follow up opportunities to engage with fathers.

There has been a great deal of creative practice and critical learning arising from the group work in general and the teenage parents in particular. This includes:

- The importance of taking time to build effective relationships with partner organisations
- The importance of family learning activities
- Providing opportunities for parents, particularly the young parents, to discuss personal and parenting issues
- The need to build trust and a positive rapport with the young parents
- The high level of input required to maintain a group of teenage parents

There are a number of issues relating to monitoring and evaluation processes.

- There is insufficient baseline information to show the impact of the Family Support Service work on the take up of services such as postnatal clinic appointments.
- Currently it is not possible for the Family Support Service to use the IT systems to retrieve and analyse information particularly related to work on referrals. Consequently much of this work has to be carried out manually which is an inefficient use of time.
- Generally the casework records and recordings in the case studies contained the appropriate paperwork. In the two cases where there had been extended contact, the recordings provided clear and concise accounts of the work undertaken. In one of the short term cases useful information related to work with a father had not been included.



- The group work recordings are generally kept up to date and provide a valuable insight into the operation of the sessions. However, it would be interesting to know the views of the participants who attend the drop-in sessions and baby massage group. This may help the workers to identify what is effective and what changes the participants would like to see. It is possible that the parents provide that feedback informally. If so, it would be valuable for the workers to identify this information in their recordings.
- The recordings of groups and activity programmes do not show consistency in relation to review and evaluation. Some workers include review comments within their recordings and others evaluate when a programme of activities comes to an end. However, there is no indication of how this information is used or who sees it.
- The registers are useful to identify quantitative information related to take up of the service and regularity of attendance. There is no evidence about how this information is currently being used to inform the development of provision.
- There are inaccuracies in the monitoring information for some group work that makes it difficult to identify the number of people attending group sessions. In some instances there are gaps in recordings, which make it difficult to identify the progress and effectiveness of the work.
- There does not appear to be a tracking system related to the use of services by families. By cross-referencing attendance registers during the research a pattern of attendance by some families was indicated. An organised IT based system would show how families are accessing the various Sure Start provision and other local mainstream services.
- At present the Family Support Service does not receive copies of the registers and evaluation forms from the training courses tutored by the Adult College due to data protection issues. The researchers understand that this is being resolved. This is crucial because it is one of the main ways the Family Support Service can ensure the courses they are referring families to are running effectively.

One issue that appears in several of the recordings is the absence of a crèche at some sessions. The researchers understand that this service is currently being provided through a coordinator within the Adult College. However, there appears to be staffing issues that mean there is inconsistency in the provision of this service.

This has an impact on Family Learning sessions, the Family Drop-in group and Teenage Pregnancy groups, particularly when the intention is for parents to be able to participate fully in activities related to personal development. At times the FSW's have to provide childcare, which both restricts their interaction with the parents and is an inappropriate use of their time. There is a need to address this issue, possibly on a Citywide basis.



## 6.2 How other services perceive the Family Support Service

The development of the Family Support Service has brought about a substantial change in the local service provision for families in Whitmore Reans and Dunstall. Mainly, this is because it builds on the work of social care professionals, particularly health visitors. FST Staff provide families with time and are able to address a range of issues affecting families. They provide a link / sign posting service to a wide network of activities and services. In addition they provide practical help with resources and keeping appointments.

The representatives of other services recognise the added value FSW's bring to existing provision e.g. the drop-in at the Health Clinic

The Family Support Service is developing its involvement in broader initiatives and is being identified by other agencies as a link to families

The respondents feel the work is being undertaken effectively

There are a number of development issues that were identified:

- ensuring other agencies know about the functions of the Service and how to work with the team
- clarification of the role of the FSW's with families, in relation to other service providers.

## 6.3 Meeting Sure Start objectives and targets

The Family Support Service are working towards meeting the Sure Start objectives. However, their ability to do this appears to be hampered by external factors:

- (a) The lack of baseline data against which the FST can monitor their progress*
- (b) The speed of notification of live births*

It is important that the Family Support Service is able to monitor its achievements against the objectives and targets because of the contribution to the national initiative and measuring its effectiveness locally.

The FST workers are responsive to the needs of families and establish provision related to their needs. If the objectives and targets are clarified, it enables the team members to ensure the ways in which new initiatives are linked and contribute to them.



## 7.0 Recommendations

7.1 The FSW's need to ensure that information about all the support services they offer are given to families during the initial contact visits. This might be in the form of a leaflet to reinforce information that is provided verbally.

7.2 It is important to identify ways of reducing the number of Family Support Workers attending initial visits and group work activities. This might be through increasing co-working with other agencies or training local parents

7.3 The FSW's need to ensure fathers are included wherever possible in the family work they undertake. Additional actions to identify ways of involving fathers might include:

Engaging fathers as researchers to establish contact with other fathers

Re-run focus groups when sufficient numbers of interested fathers have been identified

Continuing efforts to recruit male workers through the appointment or secondment of male staff and, through pre-recruitment initiatives, promote training opportunities in primary health care to fathers

7.4 There is a need to ensure an appropriate exit strategy for each case and that families are provided with clear mechanisms to re-establish contact if this is required. In addition, it is important that the service tries to identify ways to maintain up to date contact details for families, particularly for those that have been referred. This enables them to be updated about events and activities in which they may want to participate.

7.5 A tracking mechanism should be set up, possibly using the membership number. This would help to establish the progression of family members and the take-up of Sure Start and other local services.

7.6 There is a need to agree a protocol with the Adult College to enable access to evaluation forms completed by parents who attend courses attended by Sure Start members such as First Aid.

7.7 There needs to be a clear strategy for the development of breast-feeding counselling. The proposal to establish a peer support group is one positive step in this direction. However, there is a need to train additional counsellors to share the responsibility for individual support with the FSW who has lead responsibility.

7.8 The Family Support Service should develop a summary document of the functions of the FSW to enable workers in agencies to develop an awareness of the services provided and how to make referrals.



- 7.9 The Evaluation Officer in conjunction with partner organisations and the Sure Start administration should work towards obtaining clearer quantitative baseline information. This will enable the FST to assess the effectiveness of the services they are providing. Associated with this, it is vital that the IT systems at Sure Start are improved to enable information obtained through initial visits and referrals can be collated and analysed.
- 7.10 There is a need to improve the speed of notifications forms reaching Sure Start from the Health Visitors. The efficiency of linking it with other recording systems completed by Health Visitors needs to be kept under review
- 7.11 The maintenance of good quality team management is essential to sustaining the positive dialogue that has been established with a range of other agencies.
- 7.12 The workers appeared to have struggled with the development of the Dunstall Young Parents Group. The researchers understand that the local CPY and FST managers have not been involved in meetings about the development of the group. It is important that this happens in order to sustain and improve the existing initiative.
- 7.13 It is important to maintain and develop the standard of the service offered by the FST. Developing the current monitoring, review and evaluation techniques with the support of the Evaluation Officer should do this. The following should be considered:
- accurate registers and recordings of group work must be maintained and regularly reviewed during staff supervision.
  - review and evaluation processes for group work programmes should be planned in advance and include the views of the workers who have attended and co-workers from other agencies.
  - a range of techniques for obtaining the views of family members / carers and children who attend group work programmes should be developed.
  - Internal reviews of casework should be undertaken. This might be undertaken by the FST manager or Evaluation Officer through sampling case files and checking progress through the recordings and telephone contact with families or home visits.
  - Monitoring, review and evaluation information from across the team should be collated at regular intervals e.g. the number of initial visits/memberships completed, attendance at group work activities. This will enable the manager and team members to: check on progress, particularly in relation to the objectives; identify gaps or difficulties in provision; celebrate achievements. The monthly reports of the 'Family Savers Project' illustrate a way of presenting this information.



**Strategic issues**

- 7.14 The work with individual families appears to be functioning well. The relationships with other agencies are positive and support roles seem to be established on an informal basis. However, because of the potential vulnerability of the workers, there needs to be an inter-agency dialogue / agreement to clarify all the roles of workers visiting families
- 7.15 The FSW's are involved in some cases in which children are vulnerable. It is therefore important to identify a standard for recordings of case work and provide the staff with training, support and guidance.

7.16 The current initiatives related to children such as Children's Centres and Children's Trusts mean there is an urgent need to consider the future of family support. In particular the following aspects:

- the future role
- level of staffing
- resource allocation
- quality standards
- accreditation

7.17 The Sure Start programmes in Wolverhampton need to explore possible solutions to the absence of effective crèche support both collectively and with the Early Years Development and Child Care Partnership.

7.18 Through work on strategic initiatives the FST should continue to identify gaps in provision and develop ideas for developing services in dialogue with other services.

**Appendix 1**

**National Sure Start Objectives and Targets**

National Objectives	Targets
<p><b>1. Improving social and emotional development</b></p> <p>In particular by supporting the development of good relationships between parents and children, enabling early identification of difficulties, helping families to function effectively and promote social and emotional well being</p>	<ul style="list-style-type: none"> <li>(a) Increase in the proportion of babies and young children under 4 with normal levels of personal, social and emotional development for their age</li> <li>(b) 100% of families with new born babies living in the Sure Start area to have been visited by local programmes within the first two months of the child's life</li> <li>(c) Parenting support and information available for all parents of young children in Sure Start areas</li> <li>(d) Care and support will be provided to mothers with post natal depression</li> </ul>



<p><b>2. Improving health</b></p> <p>in particular, by supporting parents in caring for their children to promote healthy development before and after birth</p>	<ul style="list-style-type: none"> <li>(a) Reduce the proportion of mothers who continue to smoke during pregnancy</li> <li>(b) Information and guidance on breast feeding, nutrition, hygiene and safety available to all families with children</li> <li>(c) Reduce by 10% the number of children aged 0 – 3 admitted to hospital as an emergency with gastro-enteritis, a lower respiratory infection or a severe injury</li> <li>(d) To make available ante-natal advice, support and information to all pregnant women, fathers to be and their families</li> </ul>
<p><b>3. Improving children’s ability to learn</b></p> <p>in particular by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs</p>	<ul style="list-style-type: none"> <li>(a) To contribute towards the increase in the number of children with normal speech and language development at age 2 and an increase in the proportion of children living in the area, having normal levels of communication, language and literacy at the end of the foundation stage.</li> <li>(b) To provide all children aged under 4 with access to good quality play and learning opportunities, thereby enabling them to progress towards early learning goals when they get to school</li> <li>(c) Promote the use of libraries by families with young children in the area</li> </ul>
<p><b>4. Strengthening families and communities</b></p> <p>in particular by involving families in building the communities capacity to sustain the programme and thereby create pathways out of poverty</p>	<ul style="list-style-type: none"> <li>(a) To contribute to the reduction in the proportion of 0 – 3 years old children living in households where no one is working</li> <li>(b) To support the collection of personal evidence of an improvement in the quality of services providing family support</li> <li>(c) To encourage the involvement of local parents in the Sure Start programme at all levels</li> <li>(d) To work in partnership with Job Centre Plus, local training providers and further education institutions</li> </ul>

**Appendix 2**  
**Detailed findings from the parents survey**  
**Family Survey Sample**

Number of families – 47

Evaluation forms completed – 49 \*

Number of female interviewees – 44

Number of male interviewees – 4

Couple completing questionnaire together - 1

\* In two families both partners wanted to complete the questionnaire. In one case this was because the father held different opinions to his partner on some of the issues.

21 families have 1 child

26 families have more than one child



### Case Study Sample

Number of families – 4  
Evaluation forms completed – 4  
Number of female interviewees – 4  
Number of male interviewees – 0\*

\* One father contributed to the interview with his partner

1 family has 1 child  
3 families have more than one child

Different FSW's were involved with each of the case study families

The following information is from 53 questionnaires i.e. the parent sample that includes 2 couples completing separate questionnaires and the 4 case study families.

### Length of time in the area

5 Less than one year  
23 Between one and five years  
25 Over 5 years

### Living situation

35 Living with a partner  
18 Not living with a partner

### Ethnic composition

14 Asian / Asian British – Pakistani  
13 Asian / Asian British – Indian  
12 White British  
4 Mixed – White / Black Caribbean  
3 Black / Black British – Caribbean  
3 Black / Black British – African  
1 Mixed – White / Black African  
1 Asian / Asian British – Bangladeshi  
1 Asian / Asian British – other  
1 Other – Italian / British

### Satisfaction with services provided by the FSW's

The tables on the following pages identify the services provided by the FSW's, the frequency of support with the service, the level of satisfaction and relevant comments. The headings to each section correspond with the Sure Start objectives.

The information in the 'comments' section is presented either in summary form or in more detail where this is felt to be appropriate.

The 'Never' category includes respondents who felt they had not received information about the service from the FSW.



Health

Service	Use of the service	Satisfaction with the service
<b>Advice on healthy eating and hygiene</b>	11 Once only 1 Occasionally 6 Frequently 1 Not sure 19 Active total 3 NA 9 Never 22 No response	7 Very satisfied 11 Satisfied 1 Dissatisfied 19
<p><b>Comments</b></p> <p>The respondents identified the following services provided by the FSW:</p> <ul style="list-style-type: none"> <li>- information</li> <li>- specific advice related to their needs</li> <li>- links to activities such as weaning parties.</li> </ul> <p>1 respondent was referred to the dietician by the FSW                      The dissatisfied respondent wanted support but felt they did not receive it</p>		
<b>Support &amp; advice with breast feeding</b>	6 Once only 11 Occasionally 3 Frequently 20 Active total  20 NA 9 Never 4 No response	9 Very satisfied 7 Satisfied 2 Neither satisfied nor dissatisfied  2 No response 20
<p><b>Comments</b></p> <p>Respondents mentioned being given:</p> <ul style="list-style-type: none"> <li>- information</li> <li>- encouragement</li> <li>- invitations to events.</li> </ul> <p>One person described the on-going encouragement as "really helpful"</p>		
<b>Advice on giving up smoking</b>	3 Once only 4 Occasionally 7 Active total  41 NA 2 Never 3 No response	3 Satisfied 2 Neither satisfied nor dissatisfied  2 No response 7
<p><b>Comments</b></p> <p>The respondents were provided with information and offered help.</p> <ul style="list-style-type: none"> <li>- One respondent was satisfied that they were provided with the information though they chose not to follow it</li> </ul> <p>One person said they were not provided with information as promised</p>		



<p><b>Advice on accidents in the home</b></p>	<p>10 Once only 14 Occasionally 4 Frequently 28 Active total</p> <p>11 NA 6 Never 8 No response</p>	<p>9 Very satisfied 16 Satisfied 1 Neither satisfied nor dissatisfied 2 Dissatisfied 28</p>
<p><b>Comments</b></p> <p>The respondents in the active total had been provided with information or attended a Safety N.E.T. session. Some had been given or had purchased safety equipment.</p> <p>Case study Family A respondent did not get information about equipment or Safety N.E.T. &amp; would have liked it. The respondent suggested a follow up visit by the FSW about safety when the child is 9 – 12 months old.</p> <p>Case study Family C also remembered being offered the opportunity to attend a First Aid course</p> <p>Case study Family C identified that the FSW discussed safety issues within the home.</p>		
<p><b>Support &amp; advice with using local health services e.g. GP or Health Centre</b></p>	<p>5 Once only 5 Occasionally 10 Active total</p> <p>NA 1 Never 6 No response</p>	<p>5 Very satisfied 4 Satisfied 1 No response 10</p>
<p><b>Comments</b></p> <p>The respondents indicated that this was mainly information &amp; advice.</p> <p>2 respondents were pleased that the FSW provided practical support by accompanying them to a service</p>		
<p><b>Information &amp; access to alternative therapies</b></p>	<p>10 Once only 12 Occasionally 5 Frequently 27 Active total 9 NA 7 Never 10 No response</p>	<p>7 Very satisfied 15 Satisfied 5 Neither satisfied nor dissatisfied 27</p> <p>1 Dissatisfied*</p>
<p><b>Comments</b></p> <p>The majority, 15 respondents received advice or attended a baby massage group.</p> <p>8 identified their own lack of motivation for not maintaining involvement.</p> <p>1 person in the 'Never' category was dissatisfied because they did not receive information</p>		



Physical & Emotional Development

Service	Use of the service	Satisfaction with the service
<b>Support with depression after the birth of a child</b>	1 Once only 12 Frequently 13 Active total  27 NA 3 Never 7 No response	10 Very satisfied 2 Satisfied 1 No response 13
<p><b>Comments</b></p> <p>Respondents felt FSW's were very supportive, including 1 asylum seeker family.</p> <p>One person would have liked assistance but did not discuss it with the FSW</p>		
<b>Advice on handling children's behaviour</b>	5 Once only 5 Occasionally 6 Frequently 16 Active total  23 NA 7 Never 7 No response	5 Very satisfied 6 Satisfied 3 Dissatisfied 2 No response 16  2 Dissatisfied *
<p><b>Comments</b></p> <p>Most respondents (9) identified that the FSW provided advice and practical guidance.</p> <p>Case study Family D identified the value this support had been to them.</p> <p>1 respondent felt the advice &amp; guidance did not work</p> <p>* 2 respondents from the 'Never' respondents indicated they would have liked the support but this was not offered.</p>		
<b>Support for parents with physical or mental health needs</b>	4 Occasionally 7 Frequently 11 Active total  29 NA 3 Never 10 No response	7 Very satisfied 2 Satisfied 1 Neither satisfied nor dissatisfied 1 No response 11
<p>One respondent identified that the worker had responded to a range of family problems including benefits and heating problems.</p> <p>Respondents also mentioned that the FSW took time &amp; listened to their concerns.</p> <p>One family mentioned a referral to respite care for the child to support the family during a difficult time.</p>		



<p><b>Support for parents of children with physical health needs or a disability</b></p>	<p>4 Occasionally 2 Frequently 6 Active total</p> <p>37 NA 10 No response</p>	<p>5 Very satisfied 1 No response 6</p>
<p><b>Comments</b></p> <p>The FSW's provided the respondents with advice, a high level of contact, support with appointments. One involved referral to respite care</p> <p>Case study Family C have received support from the hospital. Now needed at home. Re-referral has been arranged following information from the researcher to the FST manager</p>		
<p><b>Support for parents of children with social &amp; emotional needs</b></p>	<p>1 Occasionally 3 Frequently 4 Active total</p> <p>39 NA 10 No response</p>	<p>3 Very satisfied 1 No response 4</p>
<p><b>Comments</b></p> <p>The FSW's provided links to Social Services in one case and practical help with another</p> <p>Case study Family B parent feels the FSW has provided a great deal of support to the family coping with the educational needs of a child with a disability.</p> <p>Case study Family C – child has been in hospital on a frequent basis with serious illnesses. Re-assessment of needs now required as child is at home. Re-referral has been arranged – see previous section.</p>		



Ability to learn

Service	Use of the service	Satisfaction with the service
<p><b>Support with children’s language development</b></p>	<p>4 Once only 13 Occasionally 7 Frequently 24 Active total</p> <p>12 NA 9 Never 8 No response</p>	<p>6 Very satisfied 12 Satisfied 2 Neither satisfied nor dissatisfied 1 Dissatisfied 3 No response 24</p>
<p><b>Comments</b></p> <p>3 respondents identified the FSW referring them for speech therapy</p> <p>Several mentions of encouragement / development of family self-help using books and toys. Also that the FSW got directly involved in working with the parent &amp; child.</p> <p>Case study Family B parent emphasised the help the family had received from the FSW both in the home and in accessing a range of child care to provide their child with stimulation. The respondents also felt the FSW had been an advocate for them that had enabled them to obtain support from the statutory education services.</p> <p>Case study Family C identified that appointments had been made by the FSW but had not taken place due to cancellations by both parties due to e.g. illness.</p> <p>Case study Family D identified the positive support the FSW had provided both at home, Stay &amp; Play sessions and organising a respite care place.</p> <p>One respondent was dissatisfied because they felt the FSW focused too much on their parenting role rather than the child.</p> <p>One respondent in the ‘Never’ category indicated that they had not received any support with their child’s language development because the service had not been offered to them.</p>		
<p><b>Advice on helping a child to play</b></p>	<p>3 Once only 13 Occasionally 13 Frequently 29 Active total</p> <p>11 NA 13 Never 7 No response</p>	<p>13 Very satisfied 14 Satisfied 1 Neither satisfied nor dissatisfied 1 No response 29</p>
<p><b>Comments</b></p> <p>Respondents identify the support they have received with parenting and socialising.</p> <p>Support has been provided through play resources in the home and links to play provision involving both parent and child.</p> <p>Case study Family A respondent did not get advice but would like to have received it. Contact to be renewed with the family.</p>		



<p><b>Help to get to toddler groups e.g. Stay and Play, Playgroup or Nursery</b></p>	<p>8 Once only 15 Occasionally 11 Frequently 34 Active total</p> <p>12 NA 2 Never 5 No response</p>	<p>17 Very satisfied 16 Satisfied 1 Neither satisfied nor dissatisfied</p> <p>34</p>
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**Comments**

Most respondents had received information from the FSW's. Several (5) were accompanied by the FSW

1 was referred to respite care

In case study B the FSW helped the parent and child to access a range of Stay & Play provision. Also support to access assisted nursery provision to help social & educational development.

In Case study D the FSW helped the parent and child to access a range of Stay & Play provision and provided the link to respite care. This was regarded by the parent as significant support for the family.

<p><b>Support with use of the library</b></p>	<p>14 Once only 13 Occasionally 1 Frequently 28 Active total</p> <p>8 NA 6 Never 11 No response</p>	<p>8 Very satisfied 16 Satisfied 4 Neither satisfied nor dissatisfied</p> <p>28</p> <p>4 Dissatisfied *</p>
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**Comments**

Comments from respondents focused on FSW raising awareness, identifying suitable books and linking families to library activities for under 4s.

The FSW linked case study Family B to the library. The child (being assessed about a disability) has difficulty focusing but enjoys attending library activities from time to time.

\* 4 respondents in the 'Never' category indicated that they would have liked the information but did not receive information about library from the FSW.



Strengthening Communities

Service	Use of the service	Satisfaction with the service
<b>Access to group activities for parents</b>	11 Once only 10 Occasionally 5 Frequently 26 Active total  5 NA 10 Never No response 2 Not sure	11 Very satisfied 11 Satisfied 2 Neither satisfied nor dissatisfied 2 Dissatisfied 26  1 Dissatisfied *
<p><b>Comments</b></p> <p>Respondents mentioned the FSW providing information / links to events such as International Women’s Day, Family Learning sessions and community based education courses e.g. ESOL. 3 identified a lack of information provided by the FSW.</p> <p>* 1 respondent from the ‘Never’ category was also dissatisfied because they had not been provided with information</p>		
<b>Support with access to community organisations &amp; events</b>	3 Once only 10 Occasionally 3 Frequently 16 Active total  15 NA 9 Never 13 No response	4 Very satisfied 11 Satisfied 1 Dissatisfied 16
<p><b>Comments</b></p> <p>Respondents were able to identify information provide by the FSW about family outings and one person had been informed about the local Credit Union.</p>		
<b>Involvement in Sure Start e.g. member of the Board, member of steering group or committee</b>	3 Once only 2 Occasionally 1 Frequently 6 Active total  10 NA 24 Never 12 No response Other: 1 Made enquiries	1 Very satisfied 5 Satisfied 6
<p><b>Comments</b></p> <p>Respondents were able to identify information provide by the FSW about family outings and one person had been informed about the local Credit Union.</p>		



**Comments**

4 respondents are either currently involved or being encouraged to participate by their FSW.  
 3 were satisfied that they had not been informed because did not have the time or interest.  
 There were several response from respondents in the 'Never' category:  
 3 respondents did not know about these opportunities and would have liked to have been given the information.

Case study Family A. The couple were dissatisfied by the response they had received on this issue. The mother said that she had made enquiries but nothing happened. Her partner enquired about involvement in the newsletter to talk about the role of fathers. He had also wanted to explore work opportunities related to Sure Start. From information in the file, the link related to the newsletter did not appear to have progressed. One of the FSW's sent information about community development and volunteering. There does not appear to have been any further contact with the family. The father expressed continuing interest in being involved to the researcher. The link with the family has now been renewed following this information being passed to the FST manager.

<p><b>Support for parents with special needs</b></p>	<p>1 Once only                  1 Occasionally                  1 Frequently                  3 Active total                   40 NA                  10 No response</p>	<p>1 Very satisfied                  2 Satisfied                  3</p>
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**Comments**

The FSW's provided specific support when needed

<p><b>Advice on how to get help with money, benefits, housing &amp; legal matters</b></p>	<p>9 Once only                  5 Occasionally                  4 Frequently                  18 Active total                   18 NA                  4 Never                  13 No response</p>	<p>8 Very satisfied                  7 Satisfied                  3 Neither satisfied nor dissatisfied                  1 Dissatisfied                  18</p>
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**Comments**

Comments about the FSW support fell into the following categories:

- The provision of information about services
- Practical help with letters and forms
- Establishing links to relevant organisations

One dissatisfied person said the FSW would not accompany them to a service.  
 One person registered in the 'Never' category wanted information that was not provided by the FSW



<p><b>Advice with training, education &amp; employment</b></p>	<p>11 Once only 14 Occasionally 3 Frequently 28 Active total</p> <p>7 NA 8 Never 10 No response</p>	<p>11 Very satisfied 15 Satisfied 2 Neither satisfied nor dissatisfied</p> <p>28</p>
<p><b>Comments</b></p> <p>Several comments related to FSW’s providing advice and helped with completion of forms. 2 fathers were supported to get to the Job Centre. 1 respondent was helped with links to the Connexions Service 1 person identified help to access an ESOL class.</p> <p>3 respondents from the ‘Never’ category were dissatisfied because they had never been provided with advice</p> <p>Case Studies:</p> <p>Family A. The mother was linked to the Wolverhampton College for careers advice, which she found to be useful.</p> <p>Family B. Due to the support of the FSW the mother is now attending English classes and learning to use computers. Family C. One of the parents in the family received support to access Wolverhampton College and is now undertaking a range of computer courses. The other parent enrolled but did not take up the opportunity.</p>		
<p><b>Support for asylum seekers &amp; refugees</b></p>	<p>1 Frequently</p> <p>45 NA 7 No response</p>	<p>1 Very satisfied</p>
<p><b>Comments</b></p> <p>The respondents answered as a couple. They felt the FSW concerned had given a great deal of contact time, advocated on their behalf and provided practical help.</p>		
<p><b>Support with access to crèche facilities</b></p>	<p>7 Once only 6 Occasionally 4 Frequently 17 Active total</p> <p>20 NA 6 Never 10 No response</p>	<p>1 Very satisfied 9 Satisfied 2 Neither satisfied nor dissatisfied 3 Dissatisfied 2 No response</p> <p>17</p>



**Comments**

Information about childcare support associated with college courses or crèche support for Sure Start activities.

1 of the respondents were dissatisfied due to lack of information

1 of the parents in case study Family C was given information about a local family support provision but had to make their own way. They felt they needed to be accompanied to the provision because they were unsure about the location and lacked the confidence to access

**Support with access to childminders**

7 Once only  
 3 Occasionally  
 10 Active total  
  
 29 NA  
 7 Never  
 7 No response

1 Very satisfied  
 4 Satisfied  
 3 Neither satisfied nor dissatisfied  
 2 No response  
 10

**Comments**

The respondents that received support were provided with information by the FSW.



### Appendix 3 Information from the respite care research

The research was undertaken to identify the effectiveness of this provision for parents and children. The Sure Start evaluation officer organised interviews, used a semi-structured questionnaire, with 20 parents who had received respite care support.

The research indicates that respite care provides benefits for both parents and children. These are identified below:

#### Parent / carer

Response	Number of respondents
Time for relaxation	10
Able to attend appointments	6
Time to go shopping	5
Time to do housework	3
More time to spend with other child(ren)	3

Respondents were able to make multiple responses

#### Child

Response	Number of parent / carer respondents
More sociable – mixed with other children	9
Talking more	6
Colouring	6

Again respondents were able to provide multiple responses

This supports the findings in the evaluation.

The case studies also identify other factors

- the important role of day care in assessing the development of the child
- the assistance this provides to a parent when the child’s behaviour is difficult for the parent and other young children

The reference for this evaluation is provided in Appendix 4 below.



## Appendix 4

## References

- |  |  |
|--|--|
| Cook, Sally et al                                      | Report on consultation with parents in the Whitmore Reans Sure Start area. 2001  |
| Harrod-Wilde, Kate                                     | Report entitled 'Baseline BMI of 3 year olds in the Sure Start areas of Whitmore Reans and Dunstall, Eight Village and Low Hill' dated 17 /02 04 in the Nutrition Programme Annual Report 2003 – 2004 published by Sure Start, Whitmore Reans and Dunstall |
| Horton, Matthew  | Sure Start Whitmore Reans and Dunstall: Evaluation of Play And Learning Opportunities for Children   |
| Shadow Board, Sure Start in Whitmore Reans Partnership | 'Sure Start in Whitmore Reans: Delivery Plan' published by Wolverhampton City Council Lifelong Learning Education Services 2001  |



## Appendix 5

## Acknowledgements

We would like to thank the following people for providing information and / or taking the time to be interviewed for the purposes of this evaluation:

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Alison Caldwell	TPU Childcare Support and Development Worker
Gayle DeSouza	Team Leader, Sure Start Family Support Team
Helen Farmer	Manager Barnhurst Family Centre
Sharam Gill	Project Worker, Sure Start Family Savings Project
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