

SURE START PINEHURST & PENHILL

**EVALUATION OF SOCIAL WORKER and FAMILY
SUPPORT WORKER SERVICE**

FINAL REPORT

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1 Executive Summary

This report is an evaluation of the Social Worker and Family Support Worker service offered to parents and children by Sure Start Pinehurst and Penhill.

The purpose of this evaluation is to evaluate the effectiveness of the Social Worker and Family Support Worker service within the Sure Start programme. Specific areas for review include:

- assessing service assessment, planning and delivery against service objectives
- evaluating the outcomes of the service for parents and children
- assessing the impact of this service located in a multi-disciplinary, community based team
- evaluating the relationship with Swindon Social Services Department
- assessing the impact of the Sure Start service on referrals to Swindon Social Services.

Section 4 of this report sets out the aims of the Social Worker and Family Support Worker service when it was first established in 2002. Section 5 describes how the information for this evaluation was collected. In Section 7 the Social Worker and Family Support Workers describe how they go about their work, supporting families. This follows a section in which fifteen families describe why they came to use the Social Worker and Family Support Worker service, with accompanying accounts by the Social Worker or the Family Support Worker involved with the family, which describe how they perceived the family's needs and worked with family members.

The families interviewed view their engagement with the Social Worker or a Family Support Worker as a highly positive experience. Several are extremely supportive of the intervention of a Sure Start Social Worker or a Family Support Worker in their life. Others are more quietly appreciative that the changes that have occurred in their own behaviour as a parent, or in the behaviour of their children, are attributable to working with the Social Worker or a Family Support Worker.

Section 6 of the report ends with an overview of the outcomes for the fifteen families overall. These outcomes match the four broad Sure Start objectives, and the five subsequent Every Child Matters, now called Change for Children, objectives. Section 6 also attempts a brief categorisation of families using the Social Worker and Family Support Worker service, to take account of the point, noted in several places throughout the report, that not all families are in continuously desperate need, but that there are times in their life when they need outside assistance in order to cope.

The report, in Sections 6 and 7, describes for the fifteen families interviewed, and in general terms, how their use of the Social Worker and Family Support Worker service interweaves with their use of other Sure Start services. This will be attendance at groups or courses where they will meet other members of the Sure Start team, as well as support directly to a parent or family given by another team member.

Assessments of a family's needs are taken to the weekly in-house discussion in order to determine which member of the team is the most appropriate worker. The Sure Start team believe that this system works well for families, while continuously improving the in-house

'request for services' referral form, and discussing whether each family should be allocated a key worker. The families interviewed had no difficulty identifying why a team member alongside the Social Worker or a Family Support Worker was giving them support. Practitioners outside Sure Start, as noted in Section 7, are either less certain that the right worker was involved, or feel that issues of Social Services concern are not being addressed.

Conversely, the Sure Start team, including the Social Worker and Family Support Workers, consider that Social Services teams do not attach sufficient weight to issues within a family that concern the Sure Start team, or give undue weight to issues that the Sure Start team believe a family, with their support, is learning to handle. Some of the tensions hinge on how Swindon Social Services interpret their guideline levels of need, set out in Section 4, which are their thresholds of children's eligibility for services.

As a further response to whether the appropriately skilled Sure Start team member is involved with a family, the team notes that the relationship of trust built up with a family sometimes means that a team member remains involved offering support that is ordinarily the remit of a colleague. To this end team members have given each other basic training in their respective skills. The team consider that they can work in this way because they are based in one open plan office and freely share information about families' needs, without being precious about their own area of work.

One problem this sharing of tasks causes for monitoring and evaluation is that interventions are often entered as '*family support*' on the EPEX system by team members other than the Social Worker or Family Support Workers.

The team acknowledges that the complexity of some family's needs sometimes make it difficult to distinguish between input from a team member with a health background or from the Social Worker or a Family Support Worker. On occasions, the choice is dictated by whether the Social Worker or the Family Support Workers have space in their workload. This is one reason why the team recommends augmenting the Social Worker and Family Support Worker service.

Section 7 shows that the work of the Social Worker and Family Support Workers is highly valued by their team colleagues. The bringing to the team of a social work perspective, and knowledge of how Social Services children's teams operate, is particularly appreciated. Section 6 shows that even within the relatively small sample of fifteen families interviewed, there are a number of children considered at risk in terms of children's legislation, or formerly on the Child Protection Register.

As noted throughout the report, one stimulus to including a Social Worker and Family Support service in the Sure Start programme was the concept that providing support to a family when needs first become apparent might prevent future crises of even greater severity. With few exceptions, all those interviewed believe in the effectiveness of what they term '*early intervention*' or '*preventive work*'. Some do point to the difficulty, if not impossibility, of measuring the outcome of preventive family support. Some feel that for some families continuous crises and emergencies are inevitable. Nonetheless, one perceived outcome is that children will avoid becoming "looked after", or placed on the Child Protection Register.

A related issue mentioned by many of the Sure Start team, including the Social Worker and Family Support Workers, is that they describe their support for families as additional to the ways in which mainstream services work with families. This is in part the consequence of being a multi-disciplinary, information sharing, community-based team; partly a practical response to potential suspicion by mainstream health visitors, midwives, social workers, that their role is being usurped; partly a means of reassuring families that they are different from mainstream agencies, especially those that “*take children away*”. It should be noted that the Sure Start team did take the decision at the outset to retain job titles such as health visitor, social worker. The difficulty that will arise is how ‘*additional*’ services, which work preventively in innovative ways, are to become part of the already over-stretched mainstream when funding earmarked for Sure Start no longer exists.

Section 8 of the report includes unit cost calculations.

Recommendations

- That the Children’s Centre into which Sure Start Pinehurst and Penhill metamorphosed at the beginning of the year should continue to include a Social Worker and Family Support Workers in the team of workers. This is, of course, a matter for negotiation by the Sure Start Management Board with Swindon Social Services who are the employers of the Social Worker and Family Support Workers. Sure Start has already opened discussions with Swindon Social Services about renewing the Service Level Agreement; and it has been agreed locally that funding for Sure Start in Pinehurst and Penhill will remain at the same level as 2005-06 in 2006-07, with a possibility that that funding will be secure in 2007-08.
- That consideration is given to making the Social Worker post full time. This might require a job share arrangement. Sure Start team members note that, as well as supervising students on placement, acting as a team member which includes co-leading groups, and developing the Social Worker and Family Support Worker service, the part time Social Worker carries out three main roles: work with families; supervision of the Family Support Workers; and support and advice for team members. The time she has available to work with families is therefore limited.
- That consideration is given to augmenting the number of Family Support Worker posts. At present one Family Support Worker is full time, one part time, currently on maternity leave. Sure Start team members feel that more practically motivational support of the kind deployed by the Family Support Workers would be valuable to support them as well as families. Consideration might also be given to whether the job title accurately reflects the scope of the job. Whilst the job title is one used by other Sure Starts where the workers in question have a similar role, Family Support Worker for some Sure Starts, and also for some Social Services Departments, does not necessarily involve the length and scale of contact carried out by the Swindon Sure Start Family Support Workers.
- That Sure Start embarks upon a structured programme of discussing with Swindon Social Services senior managers, team managers and children’s team members the

issues described in Section 8 of supervision, information sharing, regularity of meetings and the applicability of Social Services thresholds of need.

- That a system is devised on the EPEX statistical monitoring databases to distinguish family support given by the Social Worker and Family Support Worker service from family support made available by other team members. This will require training and reminding team members to use the recording codes devised.
- That consideration is given to ways in which practitioners in the vicinity of Sure Start, and in agencies with which Sure Start is in contact, are kept well informed about the services available through Sure Start; and, more significantly, about the ways in which team members, in their work with families, collaborate with those agencies.
- That all other explicit and implicit recommendations arising from the views and comments of all those interviewed, transcribed in the body of the report, are noted, considered and given effect to if thought worthy and practicable.

2 Introduction

Sure Start Pinehurst and Penhill is a third wave Sure Start programme approved in August 2001. The programme is managed by a partnership board which has representation from local statutory agencies (Local Education Authority, Social Services, Health and the Police), voluntary agencies (NSPCC and Pre-school Learning Alliance), community groups and parents. The lead accountable body is the Swindon Primary Care Trust. The programme became a Children's Centre in January 2005.

There is a core team of 22 staff working from a newly refurbished Centre in Penhill which also comprises a Neighbourhood Nursery. The programme has Service Level Agreements with a further four external service providers: NSPCC, Community Toy Library, Home-start and Trio Childcare Connections which offers childminding training.

Local evaluation aims to produce clear evidence of the effectiveness of the Sure Start model of service provision within the local community, in order to contribute towards the multi-agency development of integrated services across Swindon. It aims to provide a clear picture of the outcomes of the work, and to identify what is and what is not working effectively in the areas chosen for evaluation.

There are four areas which are being reviewed as part of local evaluation in 2004-05. These are:

- Post-natal depression support outcomes
- The role of the Social Worker and Family Support Workers
- Fathers' Development Work
- a further round of the Pinehurst and Penhill Longitudinal Study

This report is an evaluation of the services of the Social Worker and Family Support Workers.

3 Aims and Objectives

3.1 Aim:

To evaluate the effectiveness, including the cost effectiveness, of the Social Worker and Family Support Worker service within the Sure Start programme.

3.2 Objectives:

1. To conduct a literature search
2. To review the service objectives
3. To assess service delivery against objectives
4. To evaluate the value and outcomes of the service for users including:
 - the process of assessment
 - planning and interventions provided
 - impact on parents' well-being
 - impact on parents' coping abilities
 - impact on children's safety and well-being
 - impact of location of staff within multi-disciplinary, community-based team
 - relationship with Social Services Department
5. To assess the impact of the Sure Start service on numbers and type of referrals to the Social Services Department and the length of open cases
6. To report on findings, make recommendation for future service development and disseminate the results.

3.3 National Sure Start Objectives and Every Child Matters Outcomes Framework

Underpinning this evaluation are the four Sure Start objectives under the Public Service Agreement 2003-06 and the desired outcomes of the 2004 Government Green Paper 'Every Child Matters'.

The four Sure Start objectives are;

- Improving Children's Social and Emotional Development
- Improving Children's Health
- Improving Children's Learning
- Strengthening Families and Communities

It has also been suggested by the National Sure Start Evaluation Team that the evaluation assesses the Sure Start Pinehurst and Penhill programme against the five key outcomes of the Government's 'Every Child Matters' initiative. These are:

- Being healthy – enjoying good physical and mental health and living a healthy lifestyle
- Staying safe – being protected from harm and neglect
- Enjoying and achieving – getting the most out of life and developing skills for adulthood
- Making a positive contribution – through being helped to develop socially and emotionally, to manage change and respond to challenge
- Achieving economic well being – not being prevented by their or their parents' economic disadvantage from achieving their full potential in life.

4 Background

4.1 Demographics

The community of Pinehurst and Penhill includes part of Pinehurst and Gorsehill ward and Penhill ward in its entirety and is situated to the North of Swindon. The catchment area is contained within 'pram pushing' distance. Penhill is a 1950's estate whilst Pinehurst was built between the two World Wars. There is a stable core of long established residents, but new families are constantly moving into the area without extended family within the neighbourhood.

There are approximately 900 children under 5 in the Sure Start area of Pinehurst and Penhill. These children live in approximately 630 families, of whom 529 are members of Sure Start. Of these approximately 35% are single parent families. Figures for 2004 from Swindon Borough Council put the total population of the Sure Start area at 10,065, with 197 births in the year January to December 2004 (Swindon PCT).

Unemployment is low in Swindon as a whole, but just under half of the under 4's in the Sure Start area live in workless households. 5% of member families gave their ethnic group as other than White; this is similar to the 2001 Census figure for Swindon as a whole.

4.2 Agreement between Sure Start and Swindon Borough Council

A Social Worker and two Family Support Workers, employed by Swindon Borough Council Social Services, are placed in the Sure Start team under an Agreement which runs until March 2006. After that, responsibility for these posts reverts to Swindon Borough Council unless there is additional funding from the national Sure Start Unit.

The Sure Start Social Worker took up post in June 2002 and is employed for three days a week. One of the Family Support Workers is full time and started in September 2002. The second Family Support Worker also came into the job in September 2002, initially working full time; from April 2004 she works part time, 18½ hours a week. She took sickness leave from early in November 2004 to mid February 2005, and started maternity leave in April 2005.

Neither the Agreement nor the job description spell out the responsibilities of the Social Worker post in terms of assessing and meeting the needs of parents with children under 4. When she came into the job, the Social Worker produced a presentation on the theme: what can a social work post contribute to the Sure Start programme and its aims?

The aims of the programme overall were presented as:

- *to give all families the best start for education, health and well-being*
- *to improve children's health, social development and educational attainment in as enjoyable way as possible*
- *to involve families in helping to identify need*
- *to build on or reshape existing services and policies for children and parents with needs*
- *to open and develop easily accessible centres to deliver core and additional services and serve as venues for community meetings*

- *to develop the role of the community in self-help, mentoring and befriending.*

What the Social Worker can bring to the programme's aims was described as:

- *a comprehensive view of the child and family which brings out strengths and difficulties*
- *experience of family members in different contexts, over time*
- *skills to offer short-term focussed programmes of work with a family and its members within a longer term commitment*
- *overview of local needs and gaps in provision*
- *evaluation of how helpful families find various services involved*
- *specific expertise, for example in the field of child protection, domestic violence, attachment theory.*

The Family Support Worker job description notes that the postholder will be a core member of the multidisciplinary team. With two exceptions the other members of the Sure Start team all have a health related role and background. The job description adds that the postholder will work with the Social Worker and other members of the Sure Start team to provide practical support, advice and care to families and their children, to enable families to promote the well-being and healthy development of their children. The services that the postholder will plan and deliver to children under 4 and their families will enable families to flourish.

The Family Support Worker job description includes in the main duties and responsibilities section:

- *to encourage parents and carers to engage in play activities with their children to foster positive relationships in the family*
- *to work with parents to enable them to understand the developmental and social needs of their child or children*
- *to work with children and families to promote parenting skills and child behaviour management*
- *to involve parents and carers in group activities where appropriate to enable them to develop their confidence and skills.*

Shortly after the Family Support Workers came into post, the Social Worker wrote a brief paper describing the Family Support Worker role in the context of family needs. The paper begins by explaining that *“family support embraces many systems – community, education, employment – and addresses issues such as cultural diversity and gender. Some families, and therefore their children, lack a social or recreational dimension. Others are emotionally scarred and need nurturing. Many unwittingly jeopardize the relationships between parent, child, siblings, failing to recognise each others’ strengths, and undervaluing (one might add, undermining) family routines and rituals.”*

As a consequence, for the Family Support Worker *“there will be scope for short-term, focused pieces of work, perhaps around daily family routine, strategies for managing children’s behaviour, building self-esteem of parents and children, with a view to giving the family greater structure and a sense of control in stressful circumstances. While some of this may involve the Family Support Workers in rolling up their sleeves because they commit time and energy to the family, they will ensure that the family retain ownership of the changes made.”*

Later, the paper adds that *“some children and families will need longer term involvement of the Family Support Worker, who can prove a stabilising and dependable contact This will be particularly so where there is an absence of alternative support, for example extended family and friends, although the Family Support Worker would aim to help the family to seek out such support. Parents of children with special needs – intellectual, psychological, physical – can benefit from the regular involvement of a Family Support Worker, for example to help them access and communicate with the outside world.”*

The paper notes that *“sometimes such work will be centred on the building of one-to-one relationships with particular family members, while the Social Worker may be involved with others, or with all the family. At other times, the focus for the Family Support Worker could be the parent, the child, or activities and outings which strengthen sibling bonds.”*

The paper also makes the point that *“intervention may take place within a longer term involvement of professionals, all striving, as a team, to promote a more secure base as early as possible in a child’s life”*.

A particular context for the work of the Sure Start Social Worker and Family Support Workers are the four levels of children’s needs and service response that underpin the work of Swindon Social Services’ children’s teams.

The highest level (level 4) applies to *children at risk of significant harm*, regarded as being in urgent and high priority need. Medium priority needs (level 3) are those of *children who are unlikely to achieve or maintain a reasonable standard of health and development, or who face significant impairment of their health or development as a result of their needs not being met. This category also includes children with disabilities.*

Children experiencing a degree of deprivation which denies them access to opportunities available to their peers, whose needs are best met by agencies other than Social Services, such as voluntary services, or the Inclusive Education Service, are stated to be in low priority need (level 2). Level 1 is where children have universal needs for schooling and health care.

From these descriptions it appears that the Sure Start Social Worker and Family Support Workers are intended to offer support to children and to families where the children’s needs are at levels 1 and 2; whilst the Swindon Social Services teams work with children evidencing need at levels 3 and 4. How this distinction works in practice is discussed later in this report.

There is a further dimension to this notion of the needs of children which underpins why the roles of a Social Worker and Family Support Workers were seen as important in the overall Pinehurst and Penhill programme. In 2000, Dr Gerard McCarthy, Consultant Clinical Psychologist, reviewed various forms of provision for children and parents through the Child and Family Consultation Service, one of the local child and adolescent mental health services, comparing this provision with the work of Swindon Social Services Family Support Services.

One of Dr McCarthy's conclusions was that *“the possibility of setting up an early intervention project for young children under the age of five and their families who are experiencing severe psychosocial difficulties should be considered. The aim of such a project would be to identify those young children who are most at risk of developing severe psychosocial difficulties in later childhood and adolescence and to try to intervene to promote more positive developmental outcomes.”*

The Sure Start Pinehurst & Penhill local programme, which includes a Social Worker and Family Support Workers together with health practitioners from a range of health backgrounds, should not be regarded as the setting up of such an early intervention project. Indeed, Dr McCarthy cautions against any attempt to do so which is not well funded and intended to be long term provision, and advises beginning with a project that works with a small number of families and is well evaluated.

However, the principles of Dr McCarthy's review are said to underpin the inclusion of a Social Worker and Family Support Workers in the core team. Namely, as noted in the Social Worker's paper extracted above, that their early intervention when a child or family experience parental difficulties or behaviour problems might prevent or limit later potential crisis.

5 Methodology

5.1 Stages

The methodology used was naturally shaped by the evaluation aims and objectives, and also by discussions with National Evaluation for Sure Start regional and national officers. They stressed that, as well as describing processes and outputs, evaluations should aim to highlight good practice, what works well, and outcomes for parents and children backed by robust evidence. They also suggested that, where possible, outcomes should be described in terms of the five key outcomes of the Every Child Matters initiative (see 2.3 above).

The methodology comprised a number of stages:

- learning from the family support evaluation reports on the NESS website relevant questions to put to staff and parents in order to understand how social work and family support is made available in Pinehurst and Penhill through Sure Start, and the possible outcomes for children and parents
- preliminary interviews with the Programme Manager, a Board member from Swindon Social Services and the Sure Start Pinehurst & Penhill Social Worker, to understand the context of the evaluation and to sharpen the evaluation objectives
- further preliminary interviews with the Sure Start Pinehurst & Penhill Social Worker and Family Support Workers, to understand the services they offer parents and children, to assist the selection of families to interview, and to advise on the suitability of questions
- semi-structured interviews with the following members of the Sure Start Pinehurst & Penhill team whose own work with parents and children brings them into contact with the Social Worker and Family Support Workers, and with the families they work with:
 - two health visitors
 - two midwives
 - the community development officer
 - the learning and training coordinator
 - the speech and language therapist and therapist assistant
 - the physiotherapist;

these interviews were designed to understand the team context of the work of the Social Worker and Family Support Workers, to gain an understanding of how other team members see the role of the Social Worker and Family Support Workers, and to learn about how they have worked together

- semi-structured interviews with four community health visitors based at the GP Practices in Pinehurst and Penhill, whose work with parents and children similarly brings them into contact with the Social Worker and Family Support Workers, and with the families they work with; the purpose of these interviews was also to understand the local context, to learn how the community health visitors see the role of the Social Worker and Family Support Workers, and to learn about any joint work
- semi-structured interviews with two Swindon Social Services senior managers, the Strategic Planning and Quality Manager and the Fieldwork Services Manager, and with Team Managers, Deputy Managers and team members of the following Swindon Social Services teams:
 - Children and Families Intervention Team
 - Child Health Team

- Long Term Team North
- Referral Team;

these interviews were designed to understand how the work of each team relates to others, what – if any – contact the teams have had with Sure Start in Pinehurst and Penhill, and how these informants see the role of a Social Worker and Family Support Workers in a Sure Start setting

- semi-structured interviews with the Social Worker and Family Support Workers in order to ascertain their views of the geographical and team context in which they work, to learn about their perception of collaborative working with team members and other agencies, and how they see the benefits and outcomes for children and parents of having their roles within the Sure Start team
- semi-structured interviews with parents living in Pinehurst and Penhill, described in greater detail below
- interviews with the Social Worker and Family Support Workers in order to match their view of working with the families interviewed with how the families perceive those interventions
- a semi-structured interview with the Programme Manager, who is the Social Worker's line manager, for her view on the Social Worker and Family Support Worker roles in the Sure Start team
- collection of demographic, referral and use of Sure Start services information for the families interviewed
- collection of information on the number of contacts the Social Worker and Family Support Workers have had with all families since they came into post; and information on the costs of providing Social Worker and Family Support Worker support.

5.2 Families

In order to select families to be asked for an interview, the Social Worker and Family Support Workers prepared lists of the families they have worked with, including those they are currently in contact with. These lists gave the last contact date and a very brief description of the issues within the family that occasioned Social Worker or Family Support Worker support.

These brief descriptions became the starting point for selecting families to ask for an interview with, on the principle that it would be more useful to the evaluation to talk to families who had been involved for longer with the Social Worker or Family Support Worker. Additionally, in drawing up lists of families to contact, three further factors were taken account of:

- the year first contact was made
- whether family contact with the Social Worker or Family Support Worker had ended or was current
- whether families lived in Pinehurst or Penhill.

The resulting list of families with whom an interview would be requested showed 11 against the name of the Social Worker, who works part time, 10 for the full time Family Support Worker, and six for the part time Family Support Worker who recently had long term sickness leave. This listing for selection purposes is based on which of the three had the majority of contacts for each family as shown by the Sure Start statistical records

system. As will be seen later, families received Social Worker and Family Support Worker support as appropriate, and some met all three, as well as gaining related support from other members of the Sure Start team.

At the start of this sequence of evaluations, all members of Sure Start in Pinehurst and Penhill using the services evaluated this year were sent a letter telling them that they might be contacted, with a form to be returned if they preferred not to participate. Although only one form was sent back, it was felt to be good practice to write to the 27 families, reminding them of this particular evaluation, and telling them which member of the evaluation team would be in touch to arrange a meeting.

For about half of the 27 families, the telephone number on the Sure Start statistical records system was no longer current. The Social Worker and Family Support Worker supplied more up to date landline and mobile telephone numbers from the Sure Start files and from their personal diaries. Three telephone numbers remained unrecognised or unable to connect; one was a different customer of the telephone company; one mobile was always switched off; one landline rang continuously without reply or voicemail interruption. Ten attempts were made to contact these last two, and also three other families where a voicemail message could be left but was not returned.

Two parents did make an arrangement to meet, but were out twice when visited. One agreed, but withdrew. Of the original 27, 15 interviews took place. Of these:

- one interview was with a male partner
- four interviews were with both parents
- nine of the families are lone parents
- in one family, only the mother is involved with Sure Start; in another both partners use Sure Start services but only the mother was seen.

Families were offered the choice of an interview in their own home or at the Sure Start Centre in Penhill. Two accepted the latter offer, while one parent asked to be interviewed at Pinehurst People's Centre while her children were attending the Sure Start playgroup.

All the families are described in the Sure Start statistical records system as White British; the children of one lone parent interviewed are of mixed heritage. Nine families live in Penhill, five in Pinehurst, with one recently re-housed but formerly living in Pinehurst. Only one parent is currently in paid employment, with four not working but looking to return. Three parents are volunteers with Sure Start; another parent volunteers at NSPCC. All save two of the families are still in contact with the Social Worker or Family Support Workers; and the Family Support Worker is still in touch with one of those first two parents through a Swindon Social Services Family Support Worker.

Nine of the families have children older than those eligible for Sure Start services. Their ages range from 5 to 21, with approximately half teenagers, and half aged under 10. Further information about the contacts families have had with Sure Start is shown in the Table below.

Table 1: Family contacts with Sure Start

FAMILY	REFERRER	CONTACT	NUMBER OF	NUMBER OF
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	TO SOCIAL WORKER & FAMILY SUPPORT WORKER SERVICE	START DATE	CONTACTS WITH SURE START TEAM MEMBERS	SURE START SERVICES USED
Family 1	Self	17/03/2003	120	7
Family 2	Sure Start	19/08/2003	533	18
Family 3	Self	29/08/2003	307	15
Family 4	Sure Start	08/07/2003	105	9
Family 5	Self	28/05/2003	85	11
Family 6	Community midwives	12/02/2004	25	6
Family 7	Sure Start	07/02/2003	92	16
Family 8	Self	25/10/2002	160	12
Family 9	Sure Start	23/09/2003	98	5
Family 10	Self	18/02/2003	107	8
Family 11	Social Services	23/01/2003	291	17
Family 12	Self	18/02/2004	30	8
Family 13	Self	12/09/2002	475	19
Family 14	Social Services	02/02/2003	328	8

Family 15	Other	04/07/2003	18	4

Source: Sure Start Pinehurst and Penhill EPEX system

- Families are numbered as they appear in the next section
- Contacts shown are with all members of the Sure Start team from the start date to April 2005

5.3 Semi-structured questionnaires

Semi-structured questionnaires were developed for face-to face interviews with both parents and practitioners. It was felt, after consultation with the Social Worker and the Family Support Worker, that self-completion postal questionnaires and telephone interviews, would be inappropriate for asking parents the kind of questions this evaluation requires. Similarly, face-to-face interviews with other practitioners were thought preferable.

The questionnaires used are appended. It will be seen that each numbered question is usually a cluster of questions, to be asked as appropriate for the circumstances of each informant. The questions asked of practitioners in different settings are intentionally comparable.

The use of the term “semi-structured” recognises that, in responding, people being interviewed do not necessarily follow the sequence of questions. What is essential is that the interviewer endeavours to ensure that all areas of questioning are covered. This interview method, by comparison with quantitative survey, offers the opportunity to draw out more qualitative outcomes, leading the way to service improvement which is key to the objectives of this evaluation.

6 Interviews with Families

6.1 The questionnaire for families

The questions put to parents (see the appended questionnaire for the full set) essentially cover the following topics:

- how they first made contact with Sure Start, and with the Social Worker or a Family Support Worker, and what were the family matters that they jointly tackled
- did they make use of any other Sure Start services or other agencies, either alongside or as a direct consequence of being involved with the Social Worker or a Family Support Worker; and if so, was this as an outcome of that involvement
- have they changed in any way as a person or as a parent as a result of the support given by the Social Worker or Family Support Worker
- have they noticed any change in their children attributable to the way they themselves have responded to Social Worker or Family Support Worker involvement in their life
- what, if anything, has been particularly useful and valuable about the way in which the Social Worker or a Family Support Worker helped them; or could things have been done differently and better
- could Sure Start as a whole have done more
- what, if anything, have they told other local residents about Sure Start (an alternative way of asking what they have found particularly significant).

For those parents who encountered the Social Worker, a further question asked at what point in the sequence of contact they discovered that fact; and whether that in any affected their relationship.

One advantage of a semi-structured questionnaire is that it allows conversation to flow, and permits the interviewer, while also ensuring that all questions are answered, to ask additional questions in order to open up any brief response. There is an assumption in drafting any questionnaire that informants will answer any question in full as it is put. In practice, this is rarely so. Underlying the semi-structured questionnaire for Pinehurst and Penhill parents is a further assumption: that parents will recall their contacts with Sure Start in a chronological fashion.

Again in practice, in the course of these interviews this was often not the case. This is understandable for four reasons:

- the first is the explanation above, that an early question often led a parent to an issue that appears later in the questionnaire
- secondly, that it is not easy to recall the past in the order of the events that took place, and that people are often hazy about the month or even the year in which an event took place, however significant in their life
- thirdly, that some of the parents interviewed had experienced, and were continuing to experience, considerable strains and stresses in leading their daily life, managing relationships, and coping with additional pressures arising from the complex needs of their children
- and finally, that some parents have contact with a number of members of the Sure Start team and see each member playing a part in dealing with a particular family problem.

Which leads to a further point. The parents who arranged to be interviewed were very welcoming and amazingly open to an interviewer who they had not met before. With one or two exceptions, parents spoke freely about highly personal aspects of their life. As they often attributed their present ability to cope to their contact with Sure Start team members, their willingness to describe their previous difficulties to an outsider is perhaps an additional unforeseen but significant outcome of Sure Start in Pinehurst and Penhill.

What is apparent, however, is that some parents did not describe all that had happened to them and their children. Apparent because occasionally illustrations of professional practice by Sure Start team members or by other practitioners interviewed, while taking care not to breach people's confidentiality, included sufficient information to permit the interviewer to know that a family had withheld certain facts. Again this is understandable for three reasons:

- one doesn't tell a total stranger everything
- there are some events in your life that you keep to yourself
- in the short space of an interview, lasting usually between thirty and fifty minutes, people being interviewed cannot reasonably be expected to remember everything that is pertinent to the events in their life that they are being asked about .

The section headed "What families said" should therefore be read with some caveats. Each write up initially reports, without comment, what the families said. What they told the interviewer may not match the total picture that would emerge from reading the Sure Start files.

In discussion with the Social Worker, Family Support Workers and the Sure Start Evaluation Group, it was decided that the evaluator would not read the files. One reason was that the agreement signed by families as Sure Start members provides for the sharing of information between team members, and not to outsiders, other than to protect children or vulnerable adults. Were the evaluator to see the files, families would have to be asked for permission. It was felt that this might affect the openness of the interview if asked beforehand, and cause families disquiet as to the purpose of the evaluation if asked afterwards, especially as families were assured that information given to the interviewer would be written up respecting confidentiality and maintaining anonymity.

It was however considered important for the evaluation that there should be some way of assessing whether needs and outcomes mentioned by families accord with the perceptions of the Social Worker and the Family Support Workers about the aims and outcomes of their work. To this end, the Social Worker and the Family Support Workers were given a copy of the family accounts below, and asked for:

- their assessment of the families' needs, recognising that these may have changed or been added to over time
- their perceptions of what support did or did not work
- what that meant for the parents and children in terms of positive outcomes, or the opposite
- how a family's use of other Sure Start services assisted or conceivably hindered) their support
- whether a family was involved with any other agencies.

For most of the families interviewed, irrespective of the year in which it started, support is continuing. This is not because they have become dependent upon contact, or because the workers concerned are not planning their interventions and are not ensuring that a family is made aware that an ending has been reached. One outcome of the open plan office for Sure Start team members is the frequent passing on of information about a family's latest achievement, or that a new set of needs have arisen, occasioned by some change in the family's circumstances. This last would result in a new internal referral for allocation at a team referrals meeting. A decision at that meeting that the Social Worker or a Family Support Worker was the appropriate team member would lead to a fresh assessment and action plan.

Although self-evident, it has to be stressed that the Social Worker and the Family Support Workers were not permitted to suggest alterations to the family accounts. The objective of setting those accounts in the context of statements by the Sure Start workers about family need and the outcomes of their support was to note any match or discrepancy. Possibilities are that the needs are regarded as more or less severe in effect, or that the outcomes are different from, or accord with intent.

It should be added that the Social Worker and the Family Support Workers were scrupulous in not challenging families' perceptions. This included the occasions when a parent described falling out with one of the three workers.

6.2 What families said

Families are listed in the order that interviews took place. After each family account there is a brief description of how the Social Worker or the Family Support Worker see the family situation.

Family 1

Sure Start became involved when both parents were dealing with the speech problems and hospital diagnosis of borderline ADHD (Attention Deficit Hyperactive Disorder) of their youngest son, then aged 2. It was agreed with a hospital based consultant paediatrician that a Family Support Worker would assist the parents with their son's behaviour difficulties, while another member of the Sure Start team – *“she was absolutely brilliant”* – provided speech and language support. One of the Sure Start's health visitors also gave support to the mother in relation to her son's behaviour difficulties and her own subsequent and continuing physical illness. The mother has discussed her son's needs with the Sure Start Social Worker; and has had contact with Swindon Social Services.

After support from the Family Support Worker ended, she made arrangements for the Children's Services Practitioner from the local NSPCC North Swindon Family Centre worker to help the family with their son's behavioural problems.

The parents believe that, although they have very clear personal beliefs about the best way to bring up their children, they have changed their practice as parents as a consequence of working with Sure Start's practitioners and the NSPCC worker to help their son resolve his problems. His mother describes her philosophy as having a *“nice and easy way with*

children”, whilst being very protective. His father notes that *“each of our children is different; “we’ve had to adapt to each of their requirements and styles”*. He sees being a parent as *“being a teacher; “the problem is getting your view over to them in the right way”*.

They describe their youngest son as requiring *“constant attention 24 hours 7 days a week”*, and as someone who *“knows the good way and the bad way to respond”*, *“a Jekyll and Hyde character”*. They now aim *“to share our role as parents, giving him continuous one-to-one attention”*, apart from the times when he was at day nursery, and is now at nursery school, or when a Sure Start or NSPCC worker is working with their son and gives them *“an hour’s respite”*. His mother *“will smack him on his bottom”*, something she had never done to her other children, because *“reasoning and pleading don’t seem to work”*. She has also learnt how to act as a parent from television programmes.

As to whether their son has changed as a result of changes in how his parents relate to him, his father notes that *“he is growing, progressing, so it’s difficult to tell”*, but *“he does seem to respond”*. Both parents acknowledge that their son is *“a bright young man”*, with an ability, for example, seemingly beyond his age to understand the rules of computer games. At the same time, *“he threw a plate of food across the room”*, *“ran up the stairs carrying a carving knife”*, and *“has to sleep in the same room as his mother”*, *“waking her up last week 6 nights in a row”*. His parents see their dilemma as enabling their son to develop his evident abilities, while moderating his difficult and unsocial behaviour.

The father said that he appreciated the support given by the Family Support Worker, whereas his wife said that she *“didn’t see eye to eye with her on a lot of things”*, and at times *“felt she undermined her”* with her son. Her husband commented that his wife *“has personality clashes with people – and can’t get on with someone once that happens”*. The mother said that her trust in the Family Support Worker had been diminished when the latter told the Sure Start Social Worker about an injury to her son, *“without telling me that that was what she was going to do”*. The mother had been able to discuss this with the Social Worker.

The mother was unsure why Sure Start speech and language support had stopped, apart from the occasional visit. Both parents would like more behaviour therapy for their son. Apart from the one comment above, both were highly complimentary about the Sure Start and NSPCC workers they had worked with. The mother said too that she believes, *“from a friend who goes”*, although she herself doesn’t, *“that Sure Start groups are well run”*. Both parents would recommend Sure Start to others.

Family Support Worker:

She saw her role as *“to provide play experience, because the son wasn’t getting that from being at a nursery”*. *“Shortly after I started, he was offered two half days a week, which was partly why I withdrew.”* *“The intention was that the mother would be drawn into her son’s play, and through that we would be able to focus the mother on her child’s needs.”* *“A further aim was to focus on the mother’s needs, too, on how she can help herself; for example, by my accompanying her to counselling.”*

“Even if those aims could not be accomplished, we were providing quality time for the son.” “Also, we wanted to ensure that the family had seamless involvement with Sure Start after speech and language intervention had achieved its aim and had ended.”

“The mother’s own illness prevented all of that happening, although I was able to work with the mother on her issues after she became physically ill.” “I thought we got on quite well.”

In respect of diminishing trust because of the incident reported above, *“it was because I couldn’t reconcile what I had been told with the evident love and affection by the mother for her son that I came and told the Social Worker”. “Half an hour later, although I should have done it at the time, I told the mother that I had spoken to the Social Worker; I was allowed into her home again.”*

Family 2

This family met a Family Support Worker and the Social Worker in relation to the needs of the parents and two younger children after an accident meant that the father became disabled and a wheelchair user. A Sure Start health visitor told the mother that the team included a Social Worker. The mother said that she was dubious: *“I don’t want a Social Worker.” “Social Workers have stigma”. The Family Support Worker and the Social Worker “came out together and explained Sure Start”. “When we saw them on the floor playing with the children, well it was OK.”*

The father said that *“as a family we had no counselling when the accident happened; nothing about the effect on us as a couple, nor about the effect on us as a family; and no help with benefits”. “Then (the Family Support Worker) and (the Social Worker) took over and dealt with a handful of forms.”*

The parents listed further areas of support they have received:

- *“finding nursery space for the two younger children”* while the father was in hospital in Oxford and being visited by his wife
- *“arranging for the kerb outside the house to be lowered”* after noticing that, in his wheelchair, the father had to go quite some way up the road in order to cross it
- *“pushing for one of the children to go to a local school”*
- *“putting us in touch with charities to help with grants and funding, and doing all the chasing; I wouldn’t know where to start”.*

They added that *“(the Family Support Worker) and (the Social Worker) are always at the other end of a phone; and if you can’t get hold of them, there’s always someone to talk to”.* Since the initial stay in hospital, the father has been offered a further rehabilitation stay, but was reluctant to accept, worried about how his wife would cope. While he was *“havering”*, the Family Support Worker said that she *“will pop in every other day to see that everyone is all right”*, adding *“now, what’s your excuse”.* The mother said that *“it’s*

reassuring to know that there is someone out there if I needed someone; it's not easy to cope with four children."

The father noted that he has *"more dealings with the Family Support Worker than the Social Worker"*. He describes the Social Worker as the *"quiet one"*, whereas the Family Support Worker *"will kick your arse; if she thinks it's good for me, she will tell me"*. *"Between them they got a few things that were dragging me down, they got them sorted; we would get letters saying: someone from Sure Start has phoned"*. The father sees this as Sure Start having an *"extra bit of clout"*, with the Family Support Worker and the Social Worker having the tenacity *"to keep onto people's backs until they see reason"*.

The family's intended use of Home-Start did not work out, to *"the great disappointment of (the Family Support Worker)"*. The parents said that *"they only turned up once and kept cancelling; apparently finding the kids too much"*. The Sure Start nurseries were however excellent; while the father much enjoyed the Sure Start course, healthy cooking on a budget, having had to be encouraged and persuaded by his wife and the Family Support Worker. This has led him, with support from the Sure Start Learning and Training Coordinator, to take a college based computer course.

In terms of how they are as parents and people, the parents noted that *"due to the accident we have had a rocky marriage; (the Family Support Worker) has been the glue"*. As parents, they said that *"compared to the older two, they have brought the younger two up differently"*. This is because on issues such as *"sleeping habits and discipline, (the Family Support Worker) and (the Social Worker) have come up with different ways of doing things"*. The parents *"have sat down and discussed their behaviour, rather than shouting at them or smacking them ; there are other ways of punishment, other ways of sitting down and discussing"*.

As a result, *"the children have responded differently"*. *"(The Family Support Worker) sat in when we had mega problems with our son; she sat us down, and showed us, and our son responded."* *"If we now say: school tomorrow, time for bed, he goes, whereas previously he would have been up another three hours."* The mother added that *"if I'm talking to (the Family Support Worker) and either of us says: I'm talking to the other person, the children will wait they won't do that for us!"*.

When asked what they particularly value, the parents said:

- *"they make us feel they're not robots"*
- *"the amount of work they've done for us"*
- *"their honesty"*
- *"their motivation"*
- *"their caring"*
- *"their friendliness"*
- *"they're easy-going people you can relate to"*
- *"that nothing is too much for them"*.

"The two little ones adore (the Social Worker) and (the Family Support Worker); they're like aunties to them." *"They're quite ready to go out with them; they have faith in them."*

The parents are anxious about losing support when their youngest child turns four. *“It would be nice if Sure Start could go up another year; ideally to 16.” “There is a gap in the system; there is nothing for at least two or three years as children get older.”*

Both parents see their volunteering activity for Sure Start, one in the café (*“just the sort of work I like”*), and one helping out with web design, as a return for all the support that they have had.

Social Worker:

“A Sure Start health visitor was involved with the family before the father’s accident; I became involved with the mother when the father was in hospital after the accident.” “She was visiting the hospital and having to make arrangements for the children.” “I was trying to help her to express all that the accident meant for all the family, one to one with her when the father was not around, because she had to be strong and cope with the children.”

“Because he was now disabled and in a wheelchair, the father in particular had problems with his older stepson and his son.” “His response was to say ‘I can’t’, or to give up trying.” “The older boy felt he had lost the role model of an active father, a role model that he needed because of the issues he had experienced with his own father; that changed when we enabled them to see that the father was able to help him with his exam studies.”

“The wheelchair became a barrier in the relationship between the father and his younger son; for example, the father was anxious that his son would trap his fingers in the wheels of the wheelchair, or be burnt if he came too close to a cigarette, and the father couldn’t move out of the way.” “We’ve worked to re-establish the closeness between them.”

“There is a clear difference in our respective roles” [Social Worker and Family Support Worker]. “The Family Support Worker, for example, accompanied the father to the swimming pool and his computer course.” “All that she does is against the backdrop of our joint discussion and planning about the family’s needs as a whole.”

“50% of the children are outside our age range; but their mental health plummeted when the father became disabled.” “So we’ve been working with them and their parents, as well as with the younger children, for three reasons: because of the lack of facilities and support from other agencies; because they’ve seen us month after month, and it would be unnatural to ignore their needs; but primarily because we couldn’t have pursued the younger children’s best interests without attending to the needs of the older children.”

Family Support Worker:

She sees her role as *“sharing the family’s emotional temperature with the Social Worker, and addressing this in a practical way”*. Hence *“taking the husband to the*

swimming pool, being his transport the first time he went to his computer course, support too for his wife, and working with the parents once they could see that their problems with their son resulted from problems in their relationship”.

Family 3

The mother of this family had first heard of Sure Start from her health centre based health visitor when Sure Start first started. Her husband is ill, one of her sons has a hearing problem and another has a reflux problem. She had depression after previous pregnancies, and, having recently had twins, *“is fighting it off this time”*. *“Someone from Sure Start phoned me immediately after the birth, but there has been no contact since.”* The younger children have taken up short term places at the Sure Start nursery following the birth of the twins, *“but this will end soon”*.

The mother had previously gone to the breast feeding group: *“I can’t make other groups.”* Her comment on the group *“healthy cooking on a budget”* was that *“it is difficult to buy fresh veg with seven in a house”*. After the recent birth she would have welcomed breast-feeding support from the Sure Start team member responsible for such support [she named a midwife, but called her a health visitor].

One of her sons has successfully followed an eating programme, also structured by the Social Worker, and *“his eating is good provided there’s tomato ketchup”*. The Social Worker has helped the family get carpets for the hall and stairs and also arranged for a Sure Start nursery nurse to visit; the mother sees this as being to *“report back”*.

The family has also had contact with a Family Support Worker, *“with whom I had a falling out”*. *“She took me off the books without telling me.”* The mother said that she made a complaint about this Family Support Worker’s refusal to refer her daughter to Marlborough House [a CAMHS provision], *“saying it wasn’t her job”*. The daughter is being seen at Marlborough House for self-harming, head-banging, pinching and biting herself to cause bleeding. The family also asked to be referred to Focus for carer’s support, although it is unlikely that they will make use of *“the weekend and trips away that Focus offers because they have to be without children”*.

The mother said that she cannot have a different Family Support Worker, because the other Sure Start Family Support Worker *“supports a friend”*.

According to the mother *“(the father) hasn’t used Sure Start services apart from people coming to the house”*. *“He has used the fathers’ group, although he stopped because he was too ill to go.”* *“He liked (a woman worker) there, who left to go abroad.”*

In terms of the way in which support is offered, the mother said that *“the Social Worker is good – I can’t fault her”*, although earlier in the interview the mother had said that she *“is not impressed by (the Social Worker)’s skills”*. *“She used to phone at 2.30 when I was picking the children up from school.”* The mother recommended *“a vetting system, so that they find out how they can help at the start”*. At the moment, she *“hasn’t got time to pick up the phone to phone out”*. *“It’s up to (the Social Worker) to make sure I’ve got support.”* *“Someone has to ring me or come down.”*

The mother also drew comparisons between the support offered to her and to others. One example she gave was that her children had not been enrolled on a summer holiday play scheme, whereas the other Family Support Worker had made sure that been done for her friend's family.

The mother said that *"the groups are good"*, except that she *"doesn't want to sit around with a lot of Penhill mums where children can hear swear words"*. Also, *"everyone knows everyone else's business"* and she and her husband *"didn't want to be that open"*. What she does want is *"head space, time out, for example to be able to have a bath"*. *"Sure Start is good, just can't offer help I need."* A neighbour present remarked that *"(the mother)'s needs are hard to help"*.

Overall she would recommend Sure Start to others. *"Sure Start as a whole, brilliant services as a whole."* *"It can work for some people."* *"They need more support workers; two are not enough for Pinehurst and Penhill."*

Social Worker:

"I carried out a feeding intervention; this was after the blip with the Family Support Worker." *"I first carried out a review assessment of their needs, to learn the family's priorities."* *"It was difficult to get their second eldest to eat reliably."* *"A feeding intervention can empower parents through early achievable targets; parents can see what they have done, and this can lead to how to address other needs of the family."*

"The entire sequence is one of referral followed by visiting the family; then a process of assessment, negotiating what they want to happen with the family, and mealtime support; followed by reviewing the process." *"The process begins with use of a video at mealtimes, and a food diary written by the parent so that I can calculate the calorie intake to lead to percentile growth."* *"I have continuing liaison with the medical practitioners."* *"The important thing is to listen to the family's wishes, how they want mealtimes to be."* *"I write an assessment report for the parents to agree, which sets out mealtime targets; this is a working agreement."* *"I give the family intensive mealtime support, eating with them 5 or 6 meals a week."* *"We review after four weeks; I weigh the child, we measure the levels of stress, and the parents compile another food diary."*

"As the mother has fallen out with the friend who is visited by the other Family Support Worker, she is reluctant to become involved with that Family Support Worker." *"It's a bit unclear exactly what the father's illness is; now that he's stopped working, he seems to do a lot around the house, including the cooking."*

Family 4

This mother's first contact with Sure Start was in May 2003 when she was visited by the Social Worker who had been told of her move into the area by the mother's health visitor. At the time the mother had two children, with whom she attended the Sure Start mothers and toddlers group. Before she subsequently had twins, during a difficult pregnancy Sure

Start found nursery places for the two, now older, children. Because the mother herself was in and out of hospital, the Social Worker also told the mother that Swindon Social Services would help if the family had difficulty making arrangements for the two older children to be looked after. As the twins arrived early and were in a special care unit for ten weeks, the places for the two older children continued. *“We were offered transport for the nursery places, but I could go.”*

The mother said that she saw this as *“moral support”*. During her pregnancy she was visited by a Sure Start midwife; and after the twins were born, the mother had a meeting with the Social Worker, the midwife, a Sure Start health visitor and the NSPCC organiser of crèche places, to see what Sure Start could offer. *“They offered a visit once a fortnight by a Sure Start nursery nurse, who plays with the older children while the twins are asleep, so that I can get on with housework.”* *“I also had a Home-Start volunteer for a while.”*

Sure Start also helped the mother through her post-natal depression, which included treatment by the Sure Start homeopath. She *“hasn’t got to the PND group because it’s in Penhill, and although I was offered transport, it was the wrong time as I had to pick my son up from school”*. The homeopath also helped that son with the headaches that were associated with his mild to moderate behaviour problems. The Social Worker, prompted by the health visitor, arranged the homeopathy.

Also, *“when we moved in, the house needed a lot doing; the Social Worker offered to make contact on the family’s behalf with Scrapstore, but in the end we didn’t take that up.”* *“We’ve also used Talk and Toys, and groups at Pinehurst People’s Centre, the toddler exercise group, and Bumps and Babes when the twins were young.”* *“We haven’t used the toy library, but I would like to; we just haven’t got round there.”*

Until the interviewer used her title, this mother *“didn’t know that (the Social Worker) is a Social Worker; maybe she told me in the past”*. *“Until recently she was coming out every three months to see what Sure Start can offer.”* *“We were more or less in continuous contact; less so since Christmas (2004) as things are getting easier; I’ve got over post-natal depression, my older son is at nursery school, and the twins are getting older.”*

This mother valued all the practical support given her by Sure Start; *“I needed practical things”*. She didn’t think she had changed as a parent because of her contacts with Sure Start; *“I had learnt from other sources the value of praising the good, ignoring the bad”*. What was important for her was that the Social Worker *“was always there as someone to talk to, a sort of counselling service”*. *“She helped me, not changed me.”* *“The nursery places also gave me someone to talk to.”*

As for her children, this mother thought that Sure Start had had quite an impact on them. *“The December 2003 to April 2004 places at nursery really helped them.”* *“My older daughter is getting out of the house more, and meeting other children; she used to be very shy, now she has opened up at groups.”* In addition to the effect of homeopathy, *“my older son’s speech has really come on since he has had speech therapy through Sure Start”*. *“It was also very good for him when we first moved to the area; he enjoyed groups, otherwise we would have been stuck in the house.”*

This mother found the Social Worker *“always very helpful, lots of ideas”*. Ideas included *“the original nursery places for the older children, the meeting after the twins’ birth, the Home-Start volunteer; anything new (the Social Worker) would look into”*. *“She’s easy to talk to, never makes you feel I’ve got to tell her something; she’s very nice.”*

Could Sure Start have done things differently? *“No, not really.” “The only thing that could be improved is that there is a need for groups for parents.” “There are plenty of groups for children.” “I appreciate that the focus is on children, but I would like to go to an exercise class, a pottery group, a painting group, a cooking group – something for me, with nursery places for the children at the same time.” “I do meet other parents over coffee at groups and that’s nice, but I would like something more practical for me.” “I know there’s cookery at Penhill, but it’s the wrong time, and I can’t get there.” “I was disappointed when Sure Start moved to Penhill.”*

“I have told others about Sure Start, about the good things such as the groups, I’ve suggested them to other mums at school.” “I’m surprised there aren’t more mums and children at groups, there’s loads here; I would have thought they would be only too pleased.”

Social Worker:

“This mother found it hard to come to terms with: being pregnant; having twins; and having twins born prematurely and by Caesarian; she felt cheated of the bonding experience, especially because one twin is ailing, he has a heart complaint and she is back and forth at the hospital in Oxford.” “She acknowledged that her feelings were likely to come out in all the wrong places.” “She has very little support from her family; her own parents live abroad, and her husband’s parents are not supportive.” “Her husband is not good at coping with feelings, his and hers.” “He works long hours, and they have financial problems.”

Family 5

This single, disabled mother has been involved with Sure Start for about two years, after receiving a letter telling her about Sure Start when one of her two children was then three. She took her to Talk and Toys and *“went on from there”*. She first came into contact with a Family Support Worker about a year ago, although she knew her through the club her sister went to, run by the Family Support Worker.

Advice that the mother turned to the Family Support Worker for included her daughter’s behaviour problems, poor sleeping pattern and need for potty training. The Family Support Worker also helped her take her daughter to pre-school, *“bless her”*, which afforded her a break during the day. She saw the Family Support Worker once a week and did not turn to any other agencies to help her as a parent.

She and her daughters have been to other Sure Start groups and clubs. *“They do try to push you to go; you say “yes” just to shut them up.” “They push and push you, so you go”*.

This mother sees contact with the Family Support Worker as having *“made me stronger and more confident”*. *“I used to sit down and say: I can’t”*. *“I was really depressed and on my own, with two young kids”*. As a parent, *“I talk to them more, play with them more, do everything more than I used to”*.

She sees the outcome for her children as being that they are *“better behaved”*. *“My older daughter wouldn’t share with anyone; since she went to the Sure Start clubs she will share with anyone.”* *“Her younger sister copies her.”*

This parent valued being able *“to talk to the Family Support Worker about anything”*. *“She took me to the Sure Start clubs”,* which *“has helped me make friends”*. *“She has made me more confident to face the world”*. *“I can talk to her; some I can talk to, some I can’t”*. When she took sickness leave *“I missed her”*. *“Someone did phone and ask if I wanted someone else.”*

One disadvantage for this parent is that clubs and groups formerly offered in Pinehurst have now moved to Penhill. This causes her transport problems, so help with the journey would be welcome, were it not for the fact that she is reluctant to be in the same neighbourhood as a former partner.

She has told others about Sure Start, pointing out that *“as a single and young parent, it helped me make friends”*.

Family Support Worker:

“I did a ‘transfer in’ visit, it was in fact my first.” *“The mother’s*

daughter attended pre-school; she had difficulty getting her there.” “I helped by getting there early, whatever the weather, and walked her to pre-school.” “I discussed with the pre-school supervisor the daughter’s behaviour problems.” So I started home visits.” “The house was very chaotic and needed some management.” “The mother was learning to manage her home and children.”

“The Social Worker rang this mother while I was on sickness leave, and I have contacted the mother since my return; she said things are OK.”

Family 6

This mother received a letter from Sure Start when she moved into the area a year and a half ago, and was then visited by the Social Worker. She saw the Social Worker as *“there for support and someone to talk to”*. She hasn’t however talked to her for some months; *“I found out that she’s a Social Worker, put me off, made me feel a bit uneasy”*. *“I thought she was just a counselling person; previously I found talking to her helpful.” “I didn’t realise she wasn’t really part of Social Services.”* The mother’s reason for drawing back was that she herself *“has been involved with Social Services in the past”*. And then, *“Social Services here threatened to take my son away”*.

When she had talked with the Social Worker, they had discussed *“everything; my past child, my mum, things in the past, potty training, behaviour”*. *“The (Sure Start health visitor) comes to help with the children, two and one on the way.” “She has put me on an anger management course; I was shouting at the children.” “She helped me set up a day to day rota; and from 8 to 7 if they do something they’re asked to, they get a smiley face, with so many leading to a treat.” “I’ve learnt different ways of handling situations.”* Her son’s aunt *“takes him to the NSPCC toddlers group every week”*.

Initially, the mother had been to see a Sure Start midwife, to whom she had been introduced by her community health visitor, and with whom she feels comfortable. The Sure Start midwife had told her to come if she had worries during her pregnancy. The Sure Start health visitor happened to be there, and asked her if she wanted to join a group. When she had said *“no”*, *“(the health visitor) offered to come to my home, which is better”*. *“I’m not one for meeting new people, other parents; I feel uncomfortable in groups.” “I’m not one for talking with other parents, I keep myself to myself.”*

“Have I changed as a person?” “In a way, yes, in a way, no.” “I have changed the way the children are brought up.” “I had problems years ago with my daughter.”

This mother valued the Social Worker because *“she was someone to talk to”*. *“If you keep everything inside you, it’s good to talk.” “I’ve just started to talk to my father; me and Dad didn’t really get on.” “So I don’t need (the Social Worker).” “I feel comfortable with (the Sure Start health visitor)’s guidance and advice, she’s a great help, the way she tells me to handle things.”*

“I haven’t been into the Centre apart from the baby clinic” “My sister-in-law goes to Sure Start.” “I have told my sister about Sure Start, but she doesn’t live in this area.”

Social Worker:

“I was slow to say I’m a Social Worker because I was aware that this mother had had difficult earlier experiences with her mother and her child; sometimes you need to strike up a relationship first.” “After difficulties with her father, the daughter was seen by Social Services as a child at risk, and has a residence order to live with her grandmother; there were no child protection issues.”

“The mother has since seen me at the Centre after a couple of missed home appointments.” “The mother is reluctant to attend groups, she says ‘there are a lot of bad people out there and I’m more comfortable in my own home’.” “I’m not very much involved with the son, he’s supported by his place at nursery; he’s OK, and didn’t need very much specialist input.” “It’s his mother who’s isolated, and our aim was, through him, getting her involved.”

Family 7

This mother made contact with Sure Start after moving into the area and receiving a letter two years ago. She began by going to Talk and Toys with her daughter, and has “*now done all the courses available,*” including stress management, post-natal depression, arts and crafts, and healthy cooking on budget, for which she has just received a certificate. She was told about courses by a Family Support Worker, who helped her cope with the stress of having just split up with her partner, and of being involved in a custody case over her older son. The Family Support Worker also “*gave me tips about my daughter’s problem of not eating*”; and “*because of what was happening in the family, she got two days, not one, at last year’s holiday play scheme, she loved it, particularly the face paints*”.

This mother finds the Sure Start team “*all really friendly; I can speak to anyone if (the Family Support Worker) is not there*”. Immediately before the interview this mother had been at the Sure Start café with other parents who she knows. She was impressed that a few days previously the Family Support Worker had not been able to get in touch with her and had asked the NSPCC family worker to pass on a message. The mother had immediately phoned the Family Support Worker for advice about her younger son being “*clingy*”, and “*how to be apart from one another*”. The courses have helped here; “*it’s good for him to be with other children*”.

The mother said that “*I know that there are people out there to help me; I’m not struggling alone, as I was previously*”. “*If it wasn’t for Sure Start and the NSPCC, life wouldn’t be the way it is.*” “*I know they’re there; they’re nice.*” She was particularly pleased that Sure Start had arranged for her to see the NSPCC crèche organiser to discuss how she might use her previous qualification as a nursery nurse. She has to take a first aid course, but is due to become a crèche worker: “*brilliant*”. She also plans to take externally provided food hygiene and health and safety courses, arranged with help from the Learning and Training Coordinator.

“My confidence has grown rapidly.” “I wouldn’t walk into a room of people I didn’t know.” As a parent, “*a lot happened with my older son, behavioural problems; each course you do, you remember something different*”. “*Shouting doesn’t get you anywhere.*”

“He’s top of the list at Marlborough House, goes to an NSPCC group.” “My daughter can read my body language.” “If she thinks I’m going to get cross, she’ll go along with it.”

This mother said that she *“knows that (the Family Support Worker) will help in every way she can.” “She knows everything that has happened.” “Sure Start is a godsend.” “I tell everyone on the courses, and I tell all my friends that if they don’t get support, they won’t be able to carry on.” “I encourage them to join the courses.” “Lots of my friends use Sure Start.” “The café is excellent – the prices they charge!”*

Family Support Worker:

“I met the mother on a ‘transfer in’ visit; she has a history of domestic violence and her partner was in prison at the time.” “When he came out, he left the family home, and there were problems with access to his children which someone else sorted out, although I did get involved when he inappropriately brought them home in a van without seatbelts.”

“The mother went through a period of depression and attended a stress management course.” “She came to ‘healthy living on a budget’ twice.” “The mother has a new partner and a new baby; she does bring her daughter and the baby to groups.” “When her older boy had behaviour problems, I did refer her to the NSPCC, but I was able to give advice about how to cope which she needed straightaway.”

Family 8

A Family Support Worker visited this mother three years ago, when Sure Start was in Pinehurst. She *“finds it easier now she lives around the corner”* of the Centre in Penhill. In fact, she *“speaks to (the Family Support Worker) every day or other, or comes in for coffee to see what is happening”*. *“(The Family Support Worker) helped me with problems over bills.”* This mother has also made use of *“the Sure Start nursery”, “the cooking class”,* and *“scrapstore in Pinehurst”*.

Initially, *“I needed a bit of persuading to go to groups or talk to (the Family Support Worker)”*. *“I was a bit of a recluse; I’m now able to meet people, come to courses.” “I volunteer; for example, I was in yesterday to clean cars to raise money for Comic Relief.” “I’m not different though as a parent, I’ve always been close to my daughter.” “And my children have always been friendly, although now through Sure Start they’ve got more friends.”*

What this mother appreciates about the Family Support Worker is that *“it’s easy to talk to her, and she’s always there”*. Also *“she was responsible for getting me out, getting me to meet people; you get bored sitting in all the time”*.

“I have told others, friends, to come to see what it’s like; I’ve told them what Sure Start does, courses, the café.”

Family Support Worker:

“This mother had a bit of a problem on a couple of occasions with her methadone programme, reverting to heroin, she had a couple of warnings; usually you’re off the programme after one warning, but we were able to argue that she was using Sure Start and coming to activities.”

“I organised a review with Swindon Social Services at which there was just me, the mother and a Social Worker from the Referral Team; the outcome was that a Social Worker would be allocated from the Long Term Team.” “The mother told me that she hadn’t heard who it would be; when I rang to ask, I was told that cases are held until there is a need for a Social Worker.”

Social Worker:

“It’s a sign of the times that this mother was able to talk to you (the evaluator) at all.” “She has had to struggle hard, especially after not getting a great deal of support from other agencies.” “Among other issues in her life, there’s been giving up hard drugs, and dealing with threats of violence from her former acquaintances.” She’s now involved with her own mother, it was a long time before the Family Support Worker was introduced to her mother.”

“It helps that the Family Support Worker set up the ‘healthy cooking on a budget’ group, and was able to handle all those details.” “And when the mother said she would clean cars to raise money, the Family Support Worker got it all organised, although it happened on a day we weren’t here.”

Family 9

The male former partner of a Sure Start member sees Sure Start *“as a good thing, the best thing the government has done”*. He learnt about its services through his own job, and noted that Sure Start offers a range of support for mothers and children, and for fathers through its joint work with NSPCC. While his own son has used Sure Start services, *“it took me a long time to get (my partner) to become involved, this was two years ago”*, in respect of her daughter’s needs; *“she herself didn’t go to groups, she didn’t associate with anyone”*.

One reason his partner was reluctant was that *“she associated it with Social Services because it has a Social Worker”*. He did tell her that Sure Start and the Social Worker were independent of Social Services. After a while his partner met the Social Worker, *“who also explained that she is independent”*. *“People associate Social Services and the NSPCC with taking children away; but they have to investigate and have a job to do according to the rules.”* He is happy to go to the NSPCC run, Sure Start funded, fathers’ group.

His partner *“did talk to (the Social Worker) about her daughter going to the Sadler Unit.”* The appointments for this, which he covered, were all made through Sure Start. When his partner’s daughter first went to the Sure Start playgroup, which he engineered because his

partner *“had no interest in taking her to nursery, she couldn’t talk, could only say a couple of words”*. As he sees it, part of the problem was that his partner was not talking to her daughter, so that *“if she wanted anything, you couldn’t understand what she was saying”*. Sure Start speech and language staff worked with her at the playgroup; *“they were wonderful”*. *“She’s a character in herself, she can have you in stitches.”* His own son also attended the playgroup and loved it. He is concerned that now he and his partner have split up, her mother is no longer taking her daughter to nursery; *“she needs to be with other children, and is missing out”*.

He noted that there were lots of meetings *“to explain how his partner’s daughter was progressing”*. *“They always kept us informed.”* *“The Sure Start team always made you feel welcome”*. *“If there were problems with the children, you could always talk to them, they would always find time to talk to you.”* *“The main thing when you make an appointment to see them, they come to you; they don’t make you put yourself out, they put themselves out.”* *“I’ve never had to take time off work.”*

He has certainly recommended Sure Start to others, including people who have come in to where he works and have asked him, possibly to get an independent view, if he knows anything about Sure Start.

Social Worker:

“There has been Social Services involvement from early in the daughter’s life.” *“My long term agenda was to do with the fact that the daughter’s needs were not being accepted by the mother; it was the partner who took the child to appointments.”* *“There are queries about the daughter’s precise medical problem; she’s slow and withdrawn, but bright.”* *“My short term agenda, which gave me an entry into the mother’s life, was that the little girl’s father had contacted her by phone, and the mother was worrying about her being abducted.”*

“I couldn’t keep it flowing from short to long term; the mother wasn’t in when I had arranged to visit, and I lost ground.” *“The mother takes an adolescent enjoyment in lurching from one conflict to the next.”* *“She is now on her own, so I don’t know if she’s receiving the emotional compensation she used to from her former partner.”* *“I withdrew because the mother is having so many contacts, she was likely to blow up.”*

Family 10

This mother moved into the area in 2003 and received the letter about Sure Start meeting all families. She made an arrangement for a visit, but she *“felt railroaded into it, felt I had to do it”*. *“I know they only have families’ interests at heart, but it felt like teaching granny to suck eggs.”* The Family Support Worker who came told her about the drop-ins and the groups. She took up aromatherapy and was put in touch with the speech therapists. At 2½ her son was not saying much. The mother mentioned this, and *“(the Family Support Worker) thought speech therapy would benefit him”*. *“It did help.”* *“Then Sure Start pointed me in the direction of Little Pinetrees.”* *“My son’s speech came on in leaps and bounds.”* Both her children go there.

The mother “went on a speech and therapy course for adults, nine weeks, Talkmore”, which she found “helpful”. “The course is designed to give parents techniques to initiate conversation with their children.” The mother is a volunteer at the NSPCC drop-in, as a step into a future qualification and career.

She hasn't told others about Sure Start because she “doesn't know many people in the area; I keep myself to myself, although I have made friends through the playgroup”. “The NSPCC offers counselling services; I'm not sure if Sure Start does.” “Someone at Sure Start told me: ‘the young mothers’ group, no you're too old, it stops at 29’”. “I'm surprised at this; women are having children older, and there's always value in sharing experience.”

Family Support Worker:

“My only contact with this parent has been a ‘transfer in’ visit and a membership visit, about two years ago; I know that she attends some groups.”

Family 11

This family made contact with Sure Start when their younger son was born three and a half years ago. In addition to continuous contact since then with a Family Support Worker, which only ended when she took sickness leave, and with the Social Worker, the parents have used other Sure Start services. These include “last year's trip to Bourton-on-the-Water” and the “mothers and toddlers group”, while the father “goes to fathers' time”.

The Family Support Worker “used to come on a Wednesday and do Talk and Toys and play with the children”. Before Sure Start started, the family had met the Social Worker who “has been there throughout our older son's life”. The parents explained that this son has a growth and developmental delay of 18 months. The Social Worker “used to do feeding matters with him – feeding to thrive”. The younger son has also had speech and language support, which “continues when he is at nursery” when the speech and language therapist is present.

The parents said that other agencies have not been involved in their children's lives. The father “meets other people who are in the same situation as us” and “takes their advice”. This is particularly when he “goes to fathers' time”.

Both parents describe their major need as “help with parenting”, and see the support they have received as having “brought our confidence up”. Also, they now know that “if they have a problem they can talk to whoever at Sure Start”. They acknowledge that there is still “room for improvement in how we parent our children”. “We don't always do well; we need to discipline more.” “What we have learnt from parenting lessons are ways of how to control children and deal with children.”

The mother noted that she “doesn't believe in smacking children, because it doesn't work.” She has learnt that “praise is good, and to ignore bad behaviour”. “Behaviour charts are

ideal.” She pointed out that she had praised her older son that afternoon for coming home from school and changing out of his school uniform, for which he had had a “*star reward*”.

The father added that he regards himself as the “*disciplinarian*”, while he sees his wife as a “*soft touch*”, to whom he is constantly saying “*you can back me up on this*”. Both parents believe that their children “*are behaving differently because of the way they work together as parents*”. They see this as the result of the father giving up paid work when their older son was born, and taking over running the home.

The mother sees it as helpful that her younger son is mixing with younger children and “*going places*” although “*trips, while not expensive are not cheap*”.

When asked what the parents particularly valued about the support they have had, they replied that they “*would expect a little bit more out of Sure Start*”. “*For example, more mothers and toddlers sessions*”. The mother noted that “*when I go to NSPCC mothers and toddlers at Pinehurst People’s Centre on Monday afternoon, Sure Start does one at the same time at Pinehurst People’s Centre*”.

The parents would also welcome “*more parenting classes on how to cope with children with difficult behaviour*”. They wanted to learn “*other ways of how to do it*”. “*With a 3, 6 and 8 year old we need different ways for the different age groups.*”

They had not discussed Sure Start with other local families, chiefly because their relationships with their neighbours were not good. “*We have a lot of trouble with youths; they have knocked the fence down; we get a load of abuse and have had a broken toilet window*”.

Family Support Worker:

“The family are in contact with other agencies; the mother attends the Home-Start and NSPCC drop-ins, and is still in contact with Social Services.” “The children have been on the child protection register, they’re off now; initially there was concern about the younger boy, then all three were placed on the register.” “The mother is working with Swindon Social Services and Home-Start and the NSPCC to manage; she constantly needs help from professionals to know what she should be doing.” “She is very structured; she knows what she is doing every day of the week, she needs that.”

“I was involved when the children were on the child protection register.” “I worked closely with the Swindon social worker, going in on a weekly basis, showing the parents how to play with all three children after school, and establishing an after school routine involving the children changing out of their school uniform, with the parents washing the uniforms and preparing tea.” “It’s the father who deals with the uniforms and tea.”

“The middle boy’s physical problems are being addressed.” “They’re a vulnerable family; there are people coming and going.” “The people entering now are all cleared by Swindon Social Services ”

*“The mother is very confident about approaching Sure Start and asking for help.”
“She used to drop into Sure Start when we were in Pinehurst; she didn’t attend any of our groups, she came just for a chat, letting us know what’s going on.”*

“The two parents have had their difficulties as parents, all parents do.” “The core is their love of the children, which is very visible.” “They are very clear about their need to learn parenting skills, more so after the child protection issues.” “They were determined to have their children taken off the register.”

Family 12

This mother *“was approached by Sure Start to register”*. *“I first met someone on placement with whom I had a brief chat about what was available; he was very easy to talk to.” “Then I met (a Family Support Worker).” “I had already been with my son to Talk and Toys and Tumble Tots”*. This mother remembered the *“little gifts”* given by Sure Start *“to welcome”* parents and children.

“I contacted (the Family Support Worker) when my marriage was in difficulties.” “She was helpful, not intrusive, pointed me in the right direction.” “She came round on weekly, then fortnightly visits.” “I didn’t know about the Women’s Refuge in Swindon, although I used to live 300 yards away from it, until Sure Start told me.” “I saw a solicitor through Sure Start, helpful when I started divorce proceedings.” “(The Family Support Worker took me up to the Council after my husband evicted me; she helped me to get this place, helped me to get furniture”.

The mother noted that all this *“has been stressful for my son”*. *“He’s feeling the effect; he’s naughty and his speech is suffering.” “The play school thinks he has a speech problem, but I’ve put off seeing the Sure Start speech and language therapist.” “My (community) health visitor has pointed me in the direction of Home-Start.”*

“I feel much calmer, I feel able to deal with things.” “I now know there are answers out there and how to find them.” “Now I’m on my own, I’m a much better parent with my son; I’m not harassed, I’m not on edge waiting for the next fight.” “It was (the Family Support Worker), who helped me to see all that.” “And my calm has affected my son; he’s speeded up since we’ve moved.”

The mother values the Family Support Worker being *“approachable, more than my own health visitor”*. *“If I desperately needed her, she was there; if it was her day off, I would get a phone call the next morning to make sure I was all right.” “If I asked her a question and she didn’t know, she would find out who did; and would come back.” “She’s still being supportive.”*

This mother could not see how Sure Start might have done things differently. *“I can’t fault them about how they have helped me and my son.” “They’ve been supportive in the extreme.” “You tend to feel isolated when you move somewhere new and split up; they’ve eased the transition.”*

Family Support Worker:

“I met this mother at Pinehurst People’s Centre one morning, where she was describing how her husband was verbally abusive and had hit her; I said that I could give her the number of the refuge, but she said that she wanted it immediately and I think she moved there that afternoon.” “She went back home but there were still problems; I took her to Housing and now she has a place on her own with her little boy.” “She’s a feisty lady, won’t let anyone put one over her.” “We agreed she could access a solicitor through Sure Start and put her in touch with Home Start; she’s lonely now she’s moved and values talking to her Home Start visitor.”

Social Worker:

“This mother was selective about the issues she talked about with a male worker, but met the Family Support Worker at a group and talked to her about domestic violence.” “The mother is finding it hard to let the Family Support Worker go; she is trying to restrict contact to telephone calls and giving the mother information about other agencies that can meet her needs.”

Family 13

This mother’s first contact with Sure Start was a visit from the midwife just over three years ago. Her subsequent contact with a Family Support Worker covered:

- *“information about jobs to assist my partner back into work”*
- *“practical help and support around my partner’s sickness problems”*
- *“problems with housing and being accompanied to the housing office”*
- *“help with obtaining tax credits”.*

Through contact with the Family Support Worker, this mother has used for her children:

- *“Bumps and Babes, until my daughter was too old”*
- *“Talk and Toys”*
- *“homeopathy”*

and for herself:

- *“the Young Parents Group, which I still go to”*
- *“the stress management course”.*

These have all been very helpful. She has also asked the Sure Start learning and training coordinator to look out courses that she can take so that she can return to work. She left a local job as a deputy manager after she was the victim of a robbery by distraction.

She is *“still in touch with the Family Support Worker, as and when”*, feeling she is *“managing as much as she can”*. Most crucial was the support she received from the Family Support Worker around her partner’s job, his subsequent illness, and, *“although I’m good at budgeting”*, helping to sort out their tax and benefits because their income had dropped dramatically. Following support from the Family Support Worker *“I’m doing things differently a lot; I’ve built my confidence up”*. Also, contact with Sure Start *“has got me out of the house, with no garden, gets kids out”*.

“Whether I’ve changed as a parent, I don’t know.” “I’ve never smacked my children.” “I do have a problem with the temper and attitude of my son.” “It has helped knowing how to

cope with him.” As for her son, “it has changed him as well; he has learnt how to be with others”. “Before, he didn’t have children to play with, and with no garden, he didn’t have anywhere to let off steam, to use up his energy.”

“I referred a friend for homeopathy, and a Family Support Worker got in touch with her; she won’t go to groups, but will see the homeopath.” “And my partner is to try homeopathy for stress”. This mother is herself a volunteer for Sure Start.

Family Support Worker:

“I met the mother after she had had a ‘new birth’ visit, and helped her, her toddler and the new baby negotiate the steep concrete steps from their first floor house in order to get to Sure Start’s old base at Pinehurst People’s Centre.” “I introduced her to Sure Start and encouraged her to attend groups; she is now a volunteer on four different Sure Start activities.”

“The house is above a fish and chip shop where there has already been one fire; there is no garden for the children to play.” “The family have housing debts which they have to pay off before they can move; the father is unable to get employment because of his injury; they find it difficult to manage financially.”

Family 14

[Following the request by a Sure Start Family Support Worker, arrangements for the evaluator to meet this mother were made through a Swindon Social Services Long Term Team North Family Support Worker, who was present during the interview.]

This mother has known Sure Start since it started. A Family Support Worker visited her on a regular basis, once a week, to help her with her twins before they started school, *“teaching me and them things”. “The twins were born at 25 weeks and were in hospital for three months.”* The Family Support Worker *“helped me to get places for the twins at a day nursery”. “Now and again I met (the Family Support Worker) there.”*

“I stopped contact with (the Family Support Worker) nearly a year ago.” “It was getting on my nerves.” “People wanted to know all my information, my business; I like to keep myself to myself”. “People have stopped interfering; I get on with what I’ve got to do.” As a parent, *“I don’t have people in, I do what I want.” “The kids do what I tell them, not what other people tell them.”*

This mother has two older children, in care; *“I’m sometimes in touch with Social Services about them”. “I was in touch with (the Family Support Worker) and Social Services about my younger children at the same time; it was doing my head in.” “I told people where to go.” “Social Services are concerned about my other children.” “I get on with the (current Social Services Family Support Worker); I see her once a week; and phone her if I’ve got problems.” “I get on well with her, I like her, I don’t get on with the (Social Services) Social Worker.”*

“(The Social Services Family Support Worker) takes me and my two younger children out, shopping and to the parks.” “(The Sure Start Family Support Worker) wanted to do that, but didn’t.” “(The Social Services Family Support Worker) doesn’t go on, doesn’t repeat herself 20 million times.” “(The Sure Start Family Support Worker) told me what to do; (the Social Services Family Support Worker) gives me advice, I can decide whether to take it.” “She sits down and talks with me, she is really understandable, understands what I’m going through, what I’ve been through.”

“The twins have changed since they’re at school, they’ve learnt to behave better.” “They can’t read; they bring books home to look at the pictures.” The mother herself “can’t read or write; it’s too long now to do anything about it”. “(The Social Services Family Support Worker) helps me with reading letters and bills, goes with me when I have appointments with the children.” “(The Sure Start Family Support Worker) didn’t do that; she was only here to play with the children.” “It would have been better if she had brought different toys with her”. “She didn’t suggest anyone else comes, not as far as I know.”

The mother added that *“at the end of the day, (the Sure Start Family Support Worker) was there for me, but I just didn’t want to know”. “If people tell me what to do, I do the opposite, do it in my own time.” “I take each day as it comes.”*

Swindon Social Services Family Support Worker:

“This mother doesn’t let people she doesn’t know in the house; I was surprised she wasn’t more aggressive or hostile to you (the evaluator).” “As she said, she doesn’t get on with her new Social Worker.”

“The father of one the mother’s children, who was in the house today, was also there when I visited last week; he’s useless, the mother has to get up and do everything.”

“The older boys at home, the twins, have special needs, and will be going to special school in September; the 3 year old is bright.” “The mother looks after them inappropriately; when I arrived this morning, the twins were in pushchairs.” “The Long Term Team have been involved with the family for some time, since the older two were in care; there aren’t child protection issues.”

“I did phone Sure Start to ask if there was anything available for the holidays, as that is a time the mother finds particularly difficult, with the boys off school and nursery; surprisingly nothing.”

“The mother is not good at going to things, but there should be a way of bringing that about.”

Sure Start Family Support Worker:

“I initially worked with the mother on Portage; once the twins were old enough to receive Portage at nursery, which would continue when they went to school, my role as Family Support Worker ended, although after their Portage at home finished I carried on working with the twins at home to fill the gap before they went to

nursery.” *“Other Sure Start services were involved with the family, including physiotherapy and speech and language therapy; I did some basic speech and language support with the twins on advice from the Sure Start speech and language therapist, which I think was fruitful, they did progress.”*

“The children were on the child protection register for neglect, but have been taken off.” “I also helped the family meet some of their hospital appointments, one of the twins is disabled.”

Sure Start Social Worker:

“The aim was to give the twins stimulation so that they would catch up before going to school.” “The Sure Start Family Support Worker fed back to Portage specific comments they asked for.” “The Sure Start team is concerned about the family remaining of child protection concern to Swindon Social Services and has raised this with Social Services managers.”

“I and a Swindon Social Services Social Worker have done joint work on the dynamics of this mother’s relationship with her own mother and how that affects her relationship with men.”

Family 15

This mother had contact with a Family Support Worker because she intended to qualify as a childminder through the Sure Start funded service, looking after children with impairments. She stopped because of the impact this was having on her own two younger children. The older of the two *“is awaiting assessment to determine whether his problems are caused by ADHD”*. *“His reading and writing is poor; he needs one to one attention in order to remain calm.” “He can’t understand why he can’t do what other young people are doing.” “He is about to go to his first Keep Safe Group meeting at NSPCC”*. *“As he’s older, I made that arrangement myself.”*

The mother has had no subsequent contact with Sure Start. She is now in contact with NSPCC and Social Services in respect of her older son, in part because *“alcohol was recently smelt on my breath when I collected the children from school and nursery”*. *“A whole series of family calamities, including the break up of my marriage, led to my drinking; I became selfish, introvert, because no one was listening to me about my son’s problems”*. *“I have given up drinking; and my ex-husband is at long last accepting that my elder son has difficulties, and is helping me with him.”*

The mother’s youngest son goes to a Sure Start day nursery. *“He’s now too old for Talk and Toys.” “I would like something like that for the older pre-school child; in fact, I’d like to see more for the 3-4 year olds, pre-school”*. She is concerned that her younger son is copying some of the inappropriate behaviour of his older brother.

With her older son’s disability, *“it’s difficult to take the two boys to the park because the older boy is the same age in behaviour as the younger; I never know which one to run after.”* Also, *“the older is not brilliant with other children”*. *“I’d appreciate a group*

where my older boy is safe while I go shopping; I can go with either boy separately, but not together.”

Social Worker:

“The Family Support Worker’s was only asked to assist the mother in her quest to qualify as a childminder.” “Now that we know that Social Services has become involved, she feels she should have found out more, but unless the mother had chosen to confide in her, she would not have been aware of the issues in the mother’s life.”

6.3 Outcomes for families

From these family accounts, it can be seen that families have a range of background issues in their lives giving rise to their own needs and those of their children, which cause them to draw on the Sure Start Social Worker and Family Support Worker service.

In terms of the four Sure Start objectives, it is apparent that for fourteen of the fifteen families interviewed, contact with the Social Worker or Family Support Workers significantly contributed to improving the social and emotional development of their children and improving their children’s health, whilst also helping to strengthen the families within their community. In ten of the families, their involvement with Sure Start, and the Social Worker or Family Support Workers, contributed to their children being helped to learn, whether through going to a Sure Start playgroup or nursery, or being less likely in future to have their learning disrupted because of their poor behaviour.

For these fifteen families, the work of the Social Worker and the Family Support Workers can similarly be seen to contribute to the children being healthy, being safe, getting the most out of life and making a positive contribution, the first four of the five wanted outcomes of Every Child Matters. Helping the children’s parents to be less isolated and more involved with the community, and in some cases assisting parents to get back into work, to volunteer, or to claim benefits, achievements reported above, also contribute to achieving those eventual outcomes for the children.

Parents’ need for the kind of support that the Social Worker or Family Support Workers can offer, for example, in helping them to find out about and make use of resources in their community or to understand and cope with a child’s challenging behaviour, is in part determined by whether they have a partner or are a lone parent. Of these fifteen families, most did not have relatives living nearby; and ten are lone parents in different ways:

- in five of the families the mother is a parent bringing up a child or children completely on her own
- three of the mothers are separated or divorced, with one only recently receiving some support from her former husband
- one mother is a lone parent with a former partner involved for some time in the care of her child

- one mother's partner is less able to be involved in looking after his children because of his long work hours.

Other factors evidently enter into parents' need for support. Of the fifteen families:

- four can be described as families with an innate ability to cope with much of what comes their way until there is a specific event in their lives which knocks them awry for a while, but from which they will eventually recover
- five are similarly not quite coping with particular happenings in their lives, but have probably always been "not quite coping", and are likely to require continuing support from a variety of agencies, if available
- three, prior to receiving Social Worker or Family Support Worker support, have had what might be described as disordered and chaotic lives, but are now on the way to replacing chaos by order
- three are similarly disordered in the way they live, and despite their best efforts in the case of at least two, are likely always to remain so; the value of Social Worker or Family Support Worker support is that it might stop their situation from becoming worse.

What are the kinds of support the Social Worker and Family Support Workers were able to give these families to bring about the outcomes they report?

For ten of the families, becoming better able to discipline their children, and manage their disruptive or challenging behaviour, is significantly important to them. Several of the families said that, as a result of what they had learnt from the advice and guidance of the Social Worker or Family Support Workers, they are managing the behaviour problems of their younger children in a very different way from how they had brought up older children. They have learnt, with support and guidance, to work at giving up unhelpful responses such as smacking and shouting, in favour of reasoned discussion, praise and rewards for learning good behaviour.

Some families have adapted their own response from watching how the Social Worker and the Family Support Worker relate to their children. Attending groups and courses, sometimes by themselves, sometimes with their children, has further backed up their learning. In the groups parents have heard that they share problems with other families, while their children have learnt to be sociable in company with other children. The Social Worker remembers seeing a boy in one group being helpful to another child; the boy's mother, to whom she pointed this out, said that this was very newly acquired behaviour, with a great deal of grief for both of them to get to this stage.

It should be remembered that not all parents feel able to break their isolation by joining groups; for them the visit of the Social Worker or Family Support Worker to their home is crucial in helping them to cope with children whose behaviour is poor or inappropriate for their age.

The nature of the behaviour difficulties should not be under-estimated. Parents describe children with extremely short attention spans, difficulty in concentrating, copying the inappropriate behaviour of older children, not accepting household routines, challenging parents continuously, and barely sleeping. Several of the children have been seen by the

Child and Adolescent Mental Health Service [CAMHS], or are on the unit's waiting list. In five of the families one or more children in the family are or have been considered by Social Services to be at risk, and in two of the families the children have previously been on the child protection register.

For three of the families, their children's previously good or age appropriate behaviour has altered, as a result of a change of circumstance within the family, to becoming clingy, regressing, or becoming rebellious. The Social Worker or the Family Support Worker have been able to help parents understand the reasons for change, as well as modelling and suggesting techniques for persuading children to respond differently.

Four families have turned to the Social Worker or Family Support Worker for specific advice on a child's eating habits which have both disrupted mealtimes and caused the parent anxiety about their child thriving. Several parents interviewed, including one father, have attended one or more of the three levels of the 'healthy cooking on a budget' course, organised by one of the Family Support Workers. This course is very popular. Other parents go to the Young Parents Group run by the other Family Support Worker.

In eight of the families a child has had speech and language problems. In five cases, helping the parent to understand the nature of the problem and how they may best help their child has gone alongside assisting the parent to manage their child's behaviour in general. In relation to a child's speech and language difficulties, the Social Worker or Family Support Worker can play one of a number of roles:

- referring the parent and child to a hospital unit and working with the parent to follow up the hospital assessment and treatment plan
- referring the parent and child to the Sure Start speech and language specialists, and ensuring that their support for the family dovetails with the Social Worker and Family Support Worker assessment and plan
- ensuring that their involvement with a family which follows Sure Start speech and language sessions reinforces the learning of those sessions; for example, in helping a parent to understand how to play with a child, encouraging child and parent to talk to each other all the time.

Nine of the parents have received different forms of practical support, including:

- help with forms and claiming benefits
- being accompanied to Sure Start activities, hospital appointments with their children, college courses for the first time of attendance
- help with budgeting and paying bills
- helping to get a child ready for nursery or school and taking the child
- help to find out about and take up job opportunities and courses
- liaising with other agencies, for example over adaptations to a house.

For six of the families, the Social Worker or a Family Support Worker has additionally:

- pointed them in the direction of other Sure Start activities
- referred them to other agencies
- assisted a parent to pick up on a previous work career
- facilitated volunteering opportunities, both for Sure Start and other agencies.

Some forms of practical support and signposting have been done:

- through calling a meeting of Sure Start staff and people from other agencies, in order to plan the way ahead
- working in collaboration with another member of the Sure Start team, particularly the health visitors, speech and language therapists, midwives, learning and training coordinator or the community development officer
- using the Sure Start in-house referral process to present a family's need in order to determine which team member might have the requisite skills.

Allocating responsibilities between Social Worker and Family Support Worker in respect of any given family is said to be a matter of assessment and planning, negotiated with the family. The offer of practical support is therefore within an overall plan. Although interventions are planned to end, for some families contact is maintained over time because of the continuing or ever-changing nature of a family's need for support.

In terms of relationships or knowing about their particular job function:

- one family said that they had had their differences with the Social Worker, while for each Family Support Worker there is one family who said that there had been a falling out; in two of these three instances the rupture had been only temporary; two of the three are shown in Table 1 in the preceding section as the families with the third and fourth highest number of contacts with the Sure Start team
- two mothers became anxious on learning the specific role of the Social Worker, primarily because of previous or current contact with a Social Services Department
- two mothers had been happy to receive support without knowing the particular role of the Social Worker or a Family Support Worker in the Sure Start team.

Overall, it can be seen that the families interviewed welcomed the intervention of the Social Worker and Family Support Workers in their lives.

7. The Social Worker and Family Support Worker Service

7.1 Introduction

In this section, the Social Worker and Family Support Workers amplify the overall objectives of their service and the way in which they work to give families specialist support. This section also describes how other members of the Sure Start team, health visitors attached to the GP Practices in Pinehurst and Penhill, and managers and members of Swindon Social Services teams, view the Social Worker and Family Support Worker service in terms of its functions and any overlap with how they work with families.

As noted at the start of this evaluation report, one factor contributing to the appointment of a Social Worker and Family Support Workers in the Sure Start team is the notion that an early response to the difficulties that families experience may help to prevent those difficulties worsening. In turn, this may stop statutory agencies having to act later in a way that is likely to cause even more disruption in those families' lives. The illustrations of this most commonly mentioned are having to take a child into care or placing a child on the child protection register.

All the managers and frontline practitioners interviewed were asked to comment on this proposition.

7.2 Living in Pinehurst and Penhill

As a preliminary to asking Sure Start team members, community health visitors and Swindon Social Services managers and children's teams to describe or comment on the Social Worker and Family Support Worker service, they were asked, insofar as they had any knowledge about this, whether the range of needs evidenced by families living in Pinehurst and Penhill are in any way particular to living in these neighbourhoods.

The families interviewed were also asked for their views on what it is like to live in Pinehurst and Penhill, and whether living there presents particular issues for them or their neighbours. Their observations are:

- *"Pinehurst has a stigma; it's an area where young people with children live, young people being young people, it's no worse than any other area"*
- *"My children are at schools outside Penhill; I don't want them to pick up bad Penhill habits"*
- *"Pinehurst as a place to live, it's a bit rough; it's quite a deprived area, a lot of parents are out of work, young single parents"*
- *"I like the area (Pinehurst); but I'd like to move back to The Parks"*
- *"Penhill is quiet; some of the neighbours are a bit noseey"*
- *"I feel safer in Penhill than Walcott; this cul-de-sac is a bit cliquey; they become like animals if anyone steps out of line; all the children in the street have ADHD; their parents don't have any motivation, the kids play in the street all holiday"*
- *"I would rather live close to my family (not in Penhill)"*
- *"There are no differences between Pinehurst and Penhill; I live in Pinehurst now, but I spent 14 years in Penhill"*

- *“Haydon Wick may seem more upmarket, but if you don’t have a car it’s difficult to get to the supermarkets; Pinehurst has more local shops, places like a post office and a good enough grocery shop”*

The parents interviewed have, perhaps not unsurprisingly, little that is desperately bad to say about either area; they live and lead their lives there. Practitioners made similarly positive and negative comments:

- *“50%, if not more, of the families interviewed, and on the Social Worker and Family Support Worker caseload generally have past issues in domestic violence, which, even if they have a new partner, affects the children; domestic violence is as much a facet of the lives of people who’ve lived in Pinehurst and Penhill for some time as it is for incomers; and domestic violence affects all classes”*
- *“it seems that all the families who live here are one parent families, but it’s not so”*
- *“it’s an area where young children aren’t receiving the sort of support and stimulation that you would expect if they’re to have a good start in life”*
- *“there is a mix of housing on both estates, in Penhill the houses are now at prices people can afford to buy; historically it may be that Penhill was seen to house one sort of family, but that’s not so, and in groups people do rub along”*
- *“there are a lot of flats, into which people are moved from other areas”*
- *“because of where Penhill is in Swindon, people are isolated; and people complain that there aren’t a lot of facilities such as shops, food shops and play areas”*
- *“buses aren’t much use if you have a lot of little ones, 3 to 8” [one reason why parents take up Sure Start’s offer of a taxi service]*
- *“Penhill has similar houses throughout the area, and lots of blocks of flats; houses are more varied in Pinehurst, there’s more space, more shops, more buses, you can walk to the Oasis; except for The Courts, Pinehurst has more going for it”*
- *“there’s quite a big drugs problem with only two facilities in Swindon, which are good but only offer programmes for a limited time”*
- *“people who move off the estates move back, because they like the feel of their estate”*
- *“there is more deprivation in terms of resources and people’s own needs than on other estates”*
- *“there are areas in Pinehurst and Penhill where families experience more problems”*
- *“there is a high proportion of owner occupiers, but this is because of the houses bought by developers and housing associations, so it’s not a true record; Penhill has three high rise blocks of flats and a good number of four storey blocks”*
- *“the needs of parents in Pinehurst and Penhill flow from why Sure Start is here in the first place: poverty; poor health; suspicion about taking up services; double generation unemployment; pressing basic needs such as how to pay the rent and other bills: teenage girls without aspirations who see no way out and whose children have high morbidity, a combination leading for example to children with speech problems”*
- *“facilities that people want, including a Job Centre, are a long way away, only the GP surgeries are local”*
- *“Penhill and Pinehurst have quite good communities, families live in the areas for a long time, leading to strong family connections”*
- *“all families are individual and don’t have the same needs; sometimes areas stigmatise”*
- *“there are pockets, for example housing in Lower Penhill, damp with condensation, inadequate gardens, not safe places for children”*

- *“8% of the children that Sure Start works with have special needs, which includes speech and language problems”*
- *“people in this area don’t access parks because of intimidation by older kids; and many don’t have gardens”*
- *“parents respond to a crying baby, but as children get older parents find it difficult to respond to a challenging toddler; they often treat babies more like dolls than people, won’t communicate with them”*
- *“in Pinehurst and Penhill there are a lot of children with child protection issues not on the register; causes more work because they’re off the register; lot of issues around behaviour”*
- *“lot of postnatal depression and a lot of general depression which stems from housing problems; in a lot of families there’s previous or current abuse”*
- *“there’s a culture of not working, not working is acceptable”*
- *“Pinehurst and Penhill have an increasing number of people from minority ethnic groups, Asian, Somalis who are very isolated, second generation West Indian, refugees from Kosovo, Iraq and Albania all of whom are not visible”*
- *“there is a lack of policing in those areas, a lack of beat bobbies, and the street warden initiative which was started, has stopped”*

7.3 How the Social Worker and Family Support Workers see their role

The Social Worker’s perception of working to minimise or avoid later difficulties in a family’s life is that *“the policy here acknowledges that children can’t wait, they need ‘arenas of comfort’, that is a calm, happy environment over weeks”*. She acknowledges that one question which arises is *“whether this makes it difficult for the child going back to their home environment”*. In her view, backed up by research findings elsewhere, the answer is *“no”*; not least because the Sure Start experience *“builds up and strengthens the child’s resilience”*.

She sums this approach up as *“preventive, seeing round corners that the parent can’t see”*, citing as example *“giving the four year old whose abilities are outstripping their mother with a learning disability, resilience to cope”*. It will be remembered that a child in one of the families interviewed (family 11) is in precisely this situation.

She notes that *“the most obvious example of preventive work is helping a parent where a child has feeding difficulties, because you can see that malnutrition will be avoided”*, adding that *“this is not common in the social work repertoire”*. The point however is that *“while offering a feeding programme means an increased calorie intake for the child, it has the added advantage of boosting interaction between parent and child, and of giving the parent and child mutual rewards”*.

The Social Worker sees her role as affecting the *“general mental health of a family, helping the family to reflect on their experiences, to take a longer view, remembering how they have coped so that they can devise strategies to do that again, rather than responding negatively to crisis or some urgent need”*. She describes this as a *“model of holistic support”*. She sees two advantages of work enabling parents to join structured groups: *“one is that parents say that they learn that they are not on their own, that other parents have similar*

problems; which helps to destigmatise professional involvement because parents see that they have choices, and discover that they can learn both from other parents and professionals”.

“At the same time, it is easier for us to see where problems are pushed under the carpet; and we do have a responsibility to point out that that problem will hit the family again.”
“The advantage of the family having contact with us for a period of time is that we know when to say ‘can we spend a few weeks on that while you’re strong, rather than wait for the problem to explode?’; that can cause the family to say ‘we don’t want to hear, go away’, but the joy of us is that we’re still here.”

The Social Worker and Family Support Workers have another weapon in their preventive armoury. *“After visiting a family who have moved into the area, a Family Support Worker can report back that the family only wanted information; then there is a referral three or four months later, when the family is unrecognisable, but they will have come back because they have already met someone from Sure Start.”*

For the Social Worker, a further dimension of her role in the wider Sure Start team is to bring a social work perspective to the team. She cited an instance where another member of the team was feeling frustrated about her lack of achievement because a family had brought contact with her to an end. The Social Worker could explain to her colleague that she was *“picking up and echoing the fact that the ‘chaotic’ nature of the family in question means that they cannot end anything they have started”*. In the Social Worker’s eyes, it is *“better to acknowledge that this is the dynamic of the family, affecting the dynamic between family and worker”*.

As a Social Worker, she *“works with the feelings that are generated, can help colleagues to do that, and has an understanding of family ambivalence, reluctance, lapse, entitlement to be stuck; the merit of Sure Start is that it lends itself to staying in, persisting, in a non-threatening way, although ready to withdraw without pressuring too much, if a family continues to express reluctance”*. The corollary of this is that *“if you have trusted involvement, long term familiarity, with a family, you know when to cajole, press the family, lift them out of depression; this is a skill particularly practised by one of the Family Support Workers”*.

Similarly, *“colleagues who run groups, perhaps with previous experience of working with children and not with parents, sometimes structure the group programme in terms of ‘this is how it’s to be done’; the groups run well, but colleagues are struggling with the woolliness of the way that parents behave”*. *“Perhaps with other disciplines, health and speech and language, there is a clearer wanted, expected or desired outcome, whereas a Social Worker or Family Support Worker can accept that an outcome has not been achieved.”* *“Sharing our expertise seems to help us and families.”*

One issue is determining what is the outcome that the assessment and plan is working towards. *“A Social Worker can more readily accept the state of a house by comparison with someone used to seeing families in a clinic setting, if establishing a trusting relationship within a family is more important than the state of the house.”* This approach can also cause tensions between the Sure Start team and Swindon Social Services children’s

teams, for whom the state of the house can be a prime indicator of the quality of parental care of a child.

Also significant for the Social Worker is that the time span of Sure Start involvement, and contact with the same team member, can be longer than many parents are able to enjoy with Swindon Social Services teams where workers move on. She cited several instances where a mother has told her that *“just as she trusts a worker, that worker pulls out”*. By comparison with the 12 week involvement with families of Swindon Social Services Children and Families Intervention Team, or the 7 day initial assessment of the Referral Team, the Social Worker sees the Sure Start Social Worker and Family Support Worker service, as *“able to take a longer term nurturing role, with punchier bits of shorter term support”*. Also, the Social Worker’s role as *“a Social Worker detached from Social Services means being able to challenge other professionals who say ‘we did or tried that, but it didn’t work’”*.

Practically, contact with a family begins with an assessment by the Social Worker, leading to a plan of work to be carried out by the Social Worker herself, a Family Support Worker, or another Sure Start team member. This is taken to one of the weekly Sure Start referral meetings for allocation. *“The skill lies in distinguishing what aspect of the presenting problem to work on; for example, underlying parental difficulties in managing a child might be the low esteem of a depressed parent, requiring bolstering the parent’s confidence and parental skills, and helping the parent relate to others.”* This might point to the Social Worker and Family Support Worker service being the appropriate service for the referral, as opposed to another Sure Start service. All referrals which go to the Family Support Workers are reviewed after a month as a learning experience and to gain an understanding of what action has taken place.

The Social Worker works part time, three days a week, and includes in her job description managing the Family Support Workers, acting as a resource for other team members on Social Services procedures and provision, developing the service, and supervising social work students on placement. The number of families on the Social Worker’s caseload at any one time, depending on their complexity, averages six to eight, with two to three taking the major amount of time.

One of the Family Support Workers has worked full time since being appointed; the other began as full time but has worked half time since April 2004, with a three month period of sickness leave from November 2004 to February 2005. In January 2005, the full time Family Support Worker was working with twelve families. Contact with two of the twelve families was *“minimal, say a monthly visit, ticking over, as they’re not quite relinquished”*. *“With five families, I’m quite involved, which means one or two visits a week, with a quite a lot of work attached to that.”* *“Of the five, two involve child protection, and another parent is a former drug user, now on a methadone programme; she is motivated to come off, but there’s a lack of services, so I’m keeping her busy, keeping her to the sticking point; she contacts me when she’s low, and I manage to top her motivation up.”* *“I don’t think this is making her dependent on us.”*

The Family Support Workers are sent lists by the health visitors from the GP Practices in Pinehurst and Penhill of families transferring into the area registered with the Practices.

This averages twelve a month. As the lists frequently do not give a telephone number, families are sent a letter telling them a day and time that a Family Support Worker will call at the house; *“if they’re not there, we leave another letter, and after a third attempt we send an information pack and a membership form”*. *“On these transfer in visits, we explain Sure Start’s services, offer membership and carry out a quick initial assessment; we always offer a second visit or offer to meet a parent when they come for the first time into the Sure Start Centre.”* One of the Family Support Workers notes that *“if I sense that a family don’t want another visit, but there are unspoken needs within the family, I insist on a second visit”*. *“If after a second contact there’s a further need, we take that to the referral meeting.”* This Family Support Worker added that she *“really likes transfers in because you never know what you will find”*.

Her colleague said that the issues they might find themselves helping a family with in a supporting role are:

- *“housing”*
- *“supporting parents with drug issues, taking them to appointments or making onward referrals”*
- *“management of a child’s behaviour, for example sleep routines, a child’s fussy behaviour at mealtimes, a toddler feeling neglected”*
- *“issues concerning a nursery school place”*
- *“domestic violence”*.

“We offer a listening ear, supporting parents emotionally; we’re clear that we’re not counselling them.” “We also need an astute eye, an open mind, and objectivity.” “When I first came, I was over-whelmed; there seemed to be lots of young mums, with such an overlap of issues between one family and the next.”

Her fellow Family Support Worker’s perspective on this was that *“the families I work with, on the surface there’s one reason, underneath you find something else; for example, on a transfer in, you can find that as well as coping with a move, a mother’s partner has just left, and there are issues about access to the children”*. *“It’s important not to have preconceived ideas, not to stereotype families, not to see a family as another family with the same issues.”*

The difficulty, said her colleague, is *“getting people motivated to keep to a timetable; it’s difficult to get motivation when a parent has so many issues to contend with”*. *“For us as Family Support Workers it’s difficult to know what to focus on first when you’re bombarded; you let the parent give vent to everything, then you go through step by step.”* *“A lot of the time a parent just wants someone to listen; then they work out the problem in their own way.”* She added: *“making change is difficult for lots of our parents, it has to come from them; a lot of people in the area are single parents; with no partner or family in the area, friendships take time to develop”*. *“If you’re trying to escape or recover from domestic violence, it’s hard if you don’t have access to anyone else, don’t know anyone in the area.”*

What is also important, said the Family Support Workers, is that families are well informed about the range of services available from Sure Start. *“New members are given an information pack, and sent a monthly schedule of planned activities.”* *“Helping families discover what’s on offer is relevant to their current issues; as we visit, we can update to*

accord with their changing needs day to day.” “We also have to get across that Sure Start is as much a service for parents as for children; for example, a parent attending a stress management course benefits their child.”

Similarly, work with a parent in relation to an older child - the example cited concerned an older child stealing from her mother and truanting – affects the parent’s relationship with the children who are of an age to be eligible for Sure Start services. In this particular instance, a Swindon Social Services children’s team, noting that the mother had a good relationship with a Sure Start Family Support Worker and trusted her, included as a care order condition that *“the mother is to attend Sure Start activities with her children”*.

On the question as to whether their support for families helps to avert possible later crises, the Family Support Workers were positive and realistically cautious. One pointed out that *“the whole ethos of Sure Start is preventive”*. *“I can visit a family and see things simmering away, I try to defuse the situation before it reaches boiling point; but change is a two way thing, a family have to want to make that change.”* *“The golden rule is to listen, to find out their needs, to work out how our services can mould around them, to think ahead as to whether our services might be useful at a later stage; at the same time we’re building a relationship, trust.”*

Her colleague noted that *“prevention is hard to measure; however, it is noticeable that people who have transferred in from other areas are keen to use Sure Start services”*. She had visited a mother the day before who *“was in one of our groups that afternoon”*. Both Family Support Workers stressed the value in this context of *“transfer in visits”* and *“new birth visits”*; both *“offer scope to see if a family has needs”*. For example, *“on a transfer in visit I came across a two year old girl not speaking, so I arranged speech and language support which otherwise wouldn’t have been picked up until the child went to school”*. *“Lots of mums say: ‘If only we had had this for our older children’”*. The point was also made that not all family needs have the potential to lead to later breakdowns. *“Some families are stable, and use our services to meet an immediate need; it’s too easy to generalise and to think that continuously needy families are in the majority.”*

Both Family Support Workers were aware too of the dangers of over-burdening families with services. This applied as much to the potential for overlap between Sure Start and other statutory service providing agencies, as to the involvement in the same family of various Sure Start workers with their different professional backgrounds. *“We are an additional service, and a family has to cope with mainstream services as well”*. *“So as not to confuse families, and also not to tread on the toes of the mainstream statutory providers, we describe ourselves to families as additional.”* *“However, although the mainstream is there, transfers in allow us to see things that the mainstream wouldn’t cover because we’re seeing things holistically; so in that sense we’re additional.”* This is an issue returned to in the concluding section.

In respect of relationships with other agencies, the Family Support Workers spoke of positive experiences with mainstream health visitors and the NSPCC Centre in Penhill. *“Swindon Housing has answered queries promptly and acted quickly for a parent as soon as we stepped in as professionals, but this efficiency hasn’t been quite so evident when the parent was doing the asking.”* *“Concerning Swindon Social Services, we’ve had positive*

and negative experiences within teams; sharing child protection concerns has been a bit difficult, it's been more positive when it's been a question of a child coming off someone's caseload and needing local resources." "The value of this programme is that it's not threatening; families have asked 'are you there to take children away?'; we've been able to reassure them, while always being honest that we will pass information on."

In Sure Start itself, care is taken to refer families to the health visitors, midwives and health visitors for their specific skills. In allocating referrals, however, account is also taken of whether a family has built such a strong relationship of trust with a specific team member that it is preferable that they deploy with the family basic support skills not strictly within their professional role but acquired through working as a member of a team which is strong in sharing information. *"If it's not too difficult, we can ask the main worker to convey the message we would have given."* *"We are also trying to establish a key worker for each family"*.

The Family Support Workers themselves had comments to make on the value of Sure Start having a Social Worker and Family Support Worker service. Their starting point was the contribution of a different perspective they see the Social Worker bringing to a Sure Start team comprising mainly health practitioners, summarised succinctly, but somewhat inaccurately, as *"listening versus cure"*. An example amplifies this: *"a fellow Sure Start team member may say 'someone needs encouragement to attend a group'; we need to understand why they won't, explain to them what the group is about, and motivate them to attend"*. The Family Support Workers were also very appreciative of the advice and supervision they themselves receive from the Social Worker, with whom *"you can always share information"* and who *"is never too busy to answer a question"*.

In terms of their own roles, they were, understandably, less fulsome. *"I would concentrate more on one to one support if I had the time."* *"Some families find it hard to leave home; we're limited in time we have available."* *Somehow I balance taking someone to coffee, an experience they haven't ever had before, with giving a family an action plan, for example how to tidy a tip of a house."* The Family Support Workers are the only team members who can take Sure Start users in their own car, useful *"for people who are shy at coming to groups"*. One *"has taken a lot of children to nursery"*.

The Family Support Workers have also established groups. One runs the *young parents group*, where a crèche allows parents to meet, talk to each other, and discuss what they want the group to do. Her colleague facilitates the *healthy cooking on a budget course*, targeted at people who might not ordinarily come to a group at a Centre. This certificated course, run at three levels, also enables parents, with their younger children in a crèche, to build their own confidence, whilst additionally paving the way towards possible future paid work.

7.4 How other Sure Start team members see the role of the Social Worker and Family Support Workers

In order to set their comments about the Social Worker and Family Support Worker service in context, the other Sure Start team members interviewed were first asked about their own

role within the team and about how they saw the needs of parents and families living in Pinehurst and Penhill. After that they were asked:

- to describe whether, and if so how, they, in their specialist role within the team, come into contact with families the Social Worker or Family Support Workers are supporting
- to say how they see the role and functions of the Social Worker and Family Support Workers within the Sure Start team
- to comment on the notion of early intervention helping to prevent later crises within a family
- to offer their views on whether there are programme developments that would benefit the Social Worker and Family Support Worker service.

In this part of the report, individual members of the Sure Start team are intentionally not identified. This is the evaluator's decision, and not the request of team members.

Team members made the following comments about how they, in their role, come into contact with the Social Worker and Family Support Worker service:

- *"I become involved if a family member wants to volunteer"*
- *"if a family is in contact with the Social Worker or a Family Support Worker, and then becomes involved with our service, we need to align our service with how the Social Worker or Family Support Worker are working, so as not to confuse or overload the family; the Social Worker recently introduced to our service a mother with whom she was working, and while we were working with the mother we found out additional information about the needs of other children in the family which we were able to share with the Social Worker; this wasn't us both working to achieve the same outcomes, more the offer of a comprehensive coordinated package; where we're all working with the same family, information sharing is important, for example over child protection concerns; this is the beauty of Sure Start, we're all here in the same office, with access to the same records; conversely, if a family has a relationship with us, we may, for example follow through problems with siblings, or continue contact with a mother who has a background of domestic violence and a child on the child protection register, working as family support workers; it boils down to who the family has the best relationship with; it often doesn't seem to matter to families who in Sure Start they're in touch with, it may be that this is more of an issue for the team; we would like it to be a seamless service, with, for example, the Social Worker and the Family Support Workers being knowledgeable to deliver aspects of our service, and all of us able to carry out an initial assessment"*
- *"putting on a course or group is the easy part, what's difficult is getting people to attend; attendance is often erratic because of people's chaotic lives, drug use or domestic violence; that's where the Social Worker and Family Support Workers come in, motivating people; the biggest success is 'healthy living on a budget' which one of the Family Support Workers is instrumental in"*
- *"the Social Worker and Family Support Workers have received basic training about our service so that we can avoid unnecessarily visiting the same family; but it is sometimes important who has the relationship with the family, and continuity is important particularly if the family is unstable, so we might offer family support"*
- *"our service and the Social Worker or Family Support Workers may both be involved with the same families, but for different reasons; the area of crossover may be around behaviour management, we try to ensure the family receives a clear message and say*

the same thing, or follow the same principles even if we use different words, so as not to confuse families; the Family Support Workers have done Swindon's 'positive parenting courses', initially set up by the CAMHS service at Marlborough House, so we are all using the same ideas"

- *"when a referral comes through, it is sometimes hard to see whether this is for our service or for the Social Worker and Family Support Worker service; if there are health or social issues in a family, the distinction should be clear cut, but it's not so easy in practice"*
- *"I am currently helping a family access primary care services, a Family Support Worker is helping the family with social, emotional and behavioural issues, this is a family with lots of children, they have difficulty keeping health appointments; a Family Support Worker worked with a family using Portage services who wouldn't go into the family home because of safety issues, helping the family implement what Portage recommended"*
- *"I and the Social Worker work together sometimes on a child's feeding, helping a parent to understand the nature of the problem;"*

The preceding comments have begun to give a flavour of how other Sure Start team members see the role of the Social Worker and Family Support Worker service. When asked specifically about the value of having a Social Worker and Family Support Worker service, team members made the following remarks:

- *"the three of them do a good job, work incredibly hard, give so much support; if they have concerns, they deal with them straight away; they work well within the team and share information well; families respond to them, feel secure in telling them what's worrying them; all three are very approachable"*
- *"the merit of having a Social Worker and Family Support Workers in the team is the long term nature of their work with a family, plus the relationship that builds up over time; the Social Worker and the Family Support Workers have different skills of being able to work with families; also the Social Worker is a great resource for the team; those of us who are health workers don't know about the detail of child protection, case conferences, how Social Services thinks and does"*
- *"they're brilliant, absolutely brilliant; my service needs people to come in, the Family Support Workers physically do that, while watching and nurturing; they also go out and find out what people want; they do have to form a very close relationship with their families, although that can bring its own difficulties in getting the families to stand back, be on their own, not needing a Family Support Worker"*
- *"they offer the opportunity to have a different perspective on things, available within the team without having to go outside the team, where you would lose that personal input and the possibility of coordinating; also the family support offered by my service is directed at the child, which the parent can see as very safe because it doesn't impinge upon their needs, whereas working with the Social Worker and Family Support Workers, a parent can open up without having to protect themselves against what they see as unsafe contact with Social Services; the difficulty comes when my service sees that a parent needs to meet the Social Worker, but bringing this about too soon will lose trust; we have to sow the seeds for the parent to exercise responsibility and ask for help; in this situation it is a balance between seeing that the child is gaining from contact with us, versus the child's overall safety"*

- *“it is useful having the Social Worker’s experience and knowledge in order to share thoughts and get a different perspective; areas of expertise of the Family Support Workers are sorting out housing and benefits”*
- *“the Family Support Workers are available to go one step further than us, I have an overview and signpost, they take people to groups, sort out their benefits; they and the Social Worker are a knowledge base for us, the Social Worker for her theoretical and practical knowledge of Social Services; also, because Social Services is so short staffed, it is comforting to know that the Social Worker is here; there is a family at the moment referred from the Social Services duty team to the long term team who will only act if a crisis happens”*
- *“the Social Services threshold is high ;so the speed with which you can get advice is wonderful; it’s just so good and so different having a Social Worker and a Family Support Worker in the team”*
- *“social work is another world; the Social Worker translates to us and to families; I had a message from a Social Services Social Worker that they didn’t need information from me about a family because it wasn’t relevant, I can now, with our Social Worker’s help, understand where that’s coming from; I hope families are learning from us that social work isn’t all about taking children away”*
- *“the Social Worker has expertise in understanding complex families in a way that not everyone in the team does”*
- *“I see the Family Support Worker as providing a low level of support over time or providing crisis intervention in a home where the health visitor or the Social Worker don’t have time to go in three times a week; the Sure Start Family Support Worker role is similar to a Social Services Family Support Worker, but the level of a child’s need is different”*
- *“the Social Worker has assessment and understanding family dynamics skills, which complement the perspective of other practitioners in the team; she has a problem solving attitude, is willing to share, is reasonable in how she presents perspectives on families, and is supportive to colleagues”*
- *“there is a lot of misunderstanding, mistrust, mythology, and prejudice about Social Services, so having a Social Worker in the team is really positive because it enables other team members to approach Social Services to get the best for families; it’s an internal illustration of multi-agency working”*
- *“a proportion of people living in a disadvantaged area have their own negative view of Social Services; having a Social Worker in the team can redress that, give a positive balance”*

On the question of whether intervention early in a child’s life, in particular by the Social Worker and Family Support Worker service, can help to soften if not avoid later family crisis, the Sure Start team said the following:

- *“early intervention can alter the child’s behaviour where a parent can’t manage a child, can prevent harm to a child from a mother’s post natal depression, can mitigate family break-ups, can enable a baby or child to feed, can help a family budget to pay bills, can assist people with housing needs to avoid the ill-health that is associated with poor housing”*
- *“the earlier our Sure Start services can get across messages about parenting and parenting skills, the less need there will be for families to need our groups and the*

involvement in their lives of our workers; we must remember, however, that not everyone in Pinehurst and Penhill is in need, some have uncomplicated lives”

- *“if in the drop-in or the toddler groups, we bring in themes and issues, bring them into the open, parents will think about and discuss it before an issue arises; mothers tend to listen to each other; also, in the groups workers can observe the children not walking, not talking, behaviour that might otherwise not have been seen until a child is at school”*
- *“we see people who haven’t had a lot of success with mainstream services; family support builds a child’s confidence, builds parents’ confidence in their child, helps a child to socialise, helps a parent to socialise; for example, supporting a parent taking a child to school enables that parent to get to know others”*
- *“if we are supporting a parent, they may be at the point of crisis, because that’s when we first hear; we can stop the crisis becoming nastier, for example a child protection case, by helping the parent to develop skills; also the parent learns that there are services around that are not stigmatising, and learns to say ‘I’m having a hard time’”*
- *“we do help people in crisis, but a lot of Sure Start work is about prevention, and it’s hard to measure the effectiveness of that; the healthy cooking course, initiated by a Family Support Worker, is brilliant for people to access, it gets children to a crèche, to toys, into sharing, while the parents are meeting others and being educated; for some parents common sense is not obvious”*
- *“we help distinguish developmental need from lack of stimulation; the former can develop into learning or physical disability”*
- *“lot of what we do here is raising parents’ expectations; sometimes parents hold their kids back, won’t let them become independent”*
- *“our work is with families who haven’t hit the Social Services thresholds, working so that families don’t get to that point”*
- *“the level of need in the area is so high that it’s not clear-cut; some families have such complex difficulties that it’s hard to see what the Social Worker and Family Support Worker service will have achieved for them long term; does our involvement with some families alter the threshold for them?”*

Those members of the Sure Start team who had specific recommendations for the future of the Social Worker and Family Support Worker service focussed on continuing the service and expanding the amount of Family Support Worker time:

- *“more family support work time, with a Family Support Worker allocated to specific Sure Start services; this is because as you make contact with a family, more needs emerge, and as you get over an immediate need, a parent might start looking ahead”*
- *“these roles certainly shouldn’t disappear; also, the Social Worker, who works part time, manages the Family Support Workers’ workloads, while herself dealing with more complex issues; there was a noticeable impact when one of the Family Support Workers reduced her hours”*
- *“there is room for more Family Support Workers; some of the referrals need practical help which no one has time to do”*

7.5 How community based health visitors see the role of the Social Worker and Family Support Workers

Health visitors based at the GP Practices in Pinehurst and Penhill were asked similar questions as Sure Start team members about the Social Worker and Family Support Worker service.

On their contact with those workers and the impact of their role, they said:

- *“it has helped us because the Family Support Workers have put in extra parenting input, for example facilitating someone to get out into the community, taking an isolated former drug addict to housing, taking someone to housing with urgent need because of domestic violence”*
- *“the Family Support Workers come from different angles, as do the Sure Start health visitors, which makes for different things they can offer families; they’re very good with families with multiple problems”*
- *“the Family Support Workers are good at communicating with us before they see a family; the downside is if they go and a family is not in, they stop after two visits”*
- *“the Social Worker is very good, very skilled, very knowledgeable when we have child protection concerns”*
- *“we have valued that the Social Worker and Family Support Workers have been able to work with older children if there are children in the family under 4”*
- *“the practical help that they offer in putting advice into practice is what people want; in Penhill you have to show people how, role modelling; for example, when a child is having a temper tantrum in the street, you need someone there who can show a parent, role model, how to handle the situation”*
- *“I can only say to people ‘I’ll meet you at a group’, I don’t have time to take them; it needs a professional, not a Home Start volunteer, to help a parent get a child to school and then come to a group, especially if the parent can’t get up”*

The community based health visitors made the following comments about the merit of working preventively:

- *“because our caseloads are so large, and because community health visiting developmental checks have ceased, we lack regular input to families and only pick up an issue when a family is referred to us, for example a child at nursery not speaking; so we’re not picking up on issues as a whole at an early stage”*
- *“it is crucial to break the vicious circle of habitual behaviours, sleep, eating”*
- *“there is not enough preventive work; a Family Support Worker is working, and doing tremendous work, with one family where, although there are child protection concerns, Social Services is not involved”*
- *“difficult when housing need causes a family to move out of the area, losing Sure Start eligibility, to an area without resources for preventive work; this has happened to a family which may now break down and the child protection concerns will re-surface; if Sure Start has started with a family, they should continue for at least a year, particularly where a family has built up a relationship with a worker”*

The community based health visitors made several comments about the way in which they think the Social Worker and Family Support Worker service might be strengthened:

- *“when we make a referral to the weekly referral meeting we sometimes specify who we would like to visit a family, but that’s not always followed, and sometimes we don’t hear who has been allocated, may be a worker we feel is not trained to do some family support”*

- *“there is a tendency to focus on one problem, and to withdraw when that dealt with but the family still has problems; it can take a long time to re-engage the Social Worker and Family Support Worker service; there’s nothing wrong with the work they are doing, it would just be preferable if they stayed longer”*
- *“Sure Start is seen as an opt-in service, perhaps should be opt-out; there’s a stigma around Sure Start, if opt-out that wouldn’t be the case”*
- *“we miss our regular lunch time meeting; we don’t get information about what Sure Start is doing; we used to receive the monthly newsletter”*
- *“more Family Support Workers are needed, two are not enough for Pinehurst and Penhill”*

7.6 How Swindon Social Services teams see the role of the Social Worker and Family Support Workers

Two Swindon Social Services Senior Managers, and the Team Manager or Deputy Manager and team members of the Swindon Social Services Children and Families Intervention Team, Child Health, Long Term Team North and Referral Team were interviewed. These interviews were designed to learn how the teams relate, whether they have had contact with Sure Start in Pinehurst and Penhill, and how these informants see the role of a Social Worker and Family Support Workers in a Sure Start setting.

Referral team

As its name indicates, the Referral Team is the front door of entry to Swindon Social Services children’s services, dealing with all referrals across Swindon of children aged 0 to 16, and in cases of child protection additionally to age 18. The team itself sees inter-agency working, based on good personal working relationships between workers in different agencies, as crucial for families. They question whether this commitment is seen as so important at the levels of strategic management; if it is, the message is said not to filter down.

In pursuance of their own commitment, the team carries out joint assessments with other agencies, particularly with mental health workers, educational welfare officers and health visitors. The team has not carried out any joint assessments with any member of the Sure Start team, although this may be attributable to the fact that the Referral Team works across Swindon, that Sure Start only works with children under 5, and that contact with Sure Start may be through Swindon Social Services Children and Families Intervention Team. Most members of the team would not know of the role and work of the Sure Start Social Worker and Family Support Workers, although the team’s managers do have a working relationship with the Sure Start Programme Manager and with the Sure Start health visitors.

The Children and Families Intervention Team, whose work is described in more detail below, is a resource to the Referral Team, working on cases which continue to be held by the Referral Team. This enables the Referral Team, acting as case coordinator, to carry out short term work up to three months, or longer if it looks as though a case will shortly close.

The Referral Team itself acknowledges that the rigidity of the structure and of the guideline thresholds of need *“make it hard for some families, who need a tailor-made service”*. This could be better achieved *“if we made more of an effort to find out what other others agencies, particularly those in the community, provide; although those agencies also have to make some effort to come to us”*.

The Referral Team’s aim of working more closely with other agencies, and of increased dialogue, is furthered by the secondment of one of the team’s Social Workers to the recently established Local Preventive Groups for Pinehurst and Penhill and The Parks. These offer a forum for a shared assessment by all agencies involved with a family, with the family present, and with any agency able to refer a case for consideration. They take place at Centres which a family is already familiar with. The Referral Team acknowledge that the number of practitioners present can make the meeting intimidating for a family, and that the requirement to review after four weeks can make the procedure cumbersome and time-consuming. *“One advantage is that assessment in common allows the whole picture to be seen.”*

A further advantage is that Local Preventive Groups allow greater clarity of how Swindon Social Services interpret the guideline thresholds of need. This is seen as particularly helpful for community resources such as Sure Start. *“Social Services shouldn’t be involved with a family for ever; but certain families need long term support to avoid tipping over.”* *“The Groups permit referrals to be presented in a way that doesn’t cause difficulty for a family; and at an earlier point before waiting for a crisis to substantiate a referral to Social Services.”* *“The Groups enable community based resources to gain a better understanding of when Social Services teams consider the thresholds to be triggered, while their preventive and possibly lead role can also be taken on board.”* The Sure Start Social Worker also recognises these as valuable outcomes of Local Preventive Groups.

Managers of the Referral Team suggest that there would be benefits in the Sure Start Social Worker spending time with the team, in order to gain an up to date understanding of Social Services current provision, practice and procedures. *“We have locked horns with the Sure Start Social Worker about her understanding of what we can achieve – not so much recently, more in the beginning.”* *“The majority of the referrals we receive from Sure Start are from the health visitors, not from the Sure Start Social Worker or Family Support Workers; is that because they think Social Services won’t take any action, or because they are containing situations in the family?”*

Nonetheless, Referral Team managers see merit in having a Social Worker and Family Support Workers in the Sure Start team. *“It avoids the stigma of Social Services, and so is good for families.”* Also, *“preventive work is absolutely necessary what is happening in the family doesn’t meet our thresholds”*. *“It’s difficult to say whether we have had more or fewer referrals from Pinehurst and Penhill since Sure Start started; most of our referrals are from schools in the area, and remember, Sure Start’s remit is children aged 0-4, whereas we get more referrals of older children.”* *“That could be because there’s less monitoring of need until children hit school.”*

The Referral Team has a Family Support Worker whose main role is facilitating contacts between parents and their children. *“What we need and don’t get is an immediate response*

to a referral; the Family Support Worker is our rapid response person.” “Families need a 24 hour service, for example helping them get children up and to school.” “Because the Family Support Workers in Sure Start are carrying out preventive work, the Referral Team doesn’t have any contact with them.”

Children and Families Intervention Team

The majority of the work of the Children and Families Intervention Team is with children in need as defined by children’s legislation; this includes work with families where children are on the child protection register. The aim of the team’s work is, as a short term and early intervention, to prevent family breakdown and to move a family into the community so that they do not become dependent upon Social Services. As noted above, the Children and Families Intervention Team is structured as a resource to the Referral Team.

The team carries out preventive work with children and to assist the family with parenting, for twelve weeks after a joint initial assessment with the Referral Team and its own subsequent assessment leading to a care plan. Multi-agency reviews take place at six and twelve weeks, to which, if relevant, Sure Start team members will be invited. The initial assessment and the review meetings determine the level of a child’s need and therefore whether Social Services, through another team, will continue to be involved with the family. The team also works with looked after children (formerly described as children in care) for whom the plan is that they will return to their family.

The Children and Families Intervention Team Manager is a member of the Sure Start Management Board. She meets up with the Sure Start Social Worker, who is employed by Swindon Social Services and seconded to Sure Start, every two months to discuss issues of social work practice and Social Services procedures affecting Sure Start families with whom the Social Worker and Family Support Worker service is working. The Social Worker has attended Children and Families Intervention Team team meetings.

The Children and Families Intervention Team is very dependent upon there being community resources in the area where a family with whom they are working, lives. Referrals from Pinehurst and Penhill are viewed with relief because the team knows that there are resources there. The team described two cases, one concerning a mother with mental health issues unable to parent a child, and a child protection case concerning an older child but with a child under four in the family, where the team and the Sure Start Social Worker and Family Support Worker service had worked together, and with a school and health agencies, to diminish the level of risk as far as Social Services were concerned, enabling the cases to be closed

One difficulty that arises for the Children and Families Intervention Team is when a child with whom they are about to start working is close to becoming five and no longer eligible for Sure Start services.

The Children and Families Intervention Team see considerable merit in the idea that early intervention averts later crisis. They see the following as signals for the need for early preventive work, all save the last to be found in Pinehurst and Penhill:

- *a high ratio of single parents*

- *people on benefits*
- *a high proportion of mothers under 20*
- *a high rate of those mothers having left school without qualifications*
- *no good parenting model*
- *no resources.*

Among the outcomes of preventive work by the Sure Start Social Worker and Family Support Worker service which they see as lessening the risk of later crisis in a family, are:

- *a parent finishing their education*
- *a parent learning to budget*
- *a parent learning to prepare meals.*

For the Children and Families Intervention Team, the role of the Social Worker in a Sure Start team is a different type of social worker role, which families recognise and make use of differently:

- *“she offers a rapport which we don’t offer under the new model of practice, which, for example, precludes us taking people to appointments, except exceptionally”*
- *“over time families have peaks and troughs; most of the time a family is using a range of Sure Start support as well as the Social Worker and Family Support Worker service”*
- *“Sure Start is a multi-agency team, so needs a Social Worker; and in that team there is no stigma attached to the role”*
- *“example of a family that wouldn’t accept Social Services intervention, but after using Sure Start, did”*
- *“because she is there and knows the way we work, it makes links easier”*

The Children and Families Intervention Team recommend:

- *“removing the age restriction”; the age cut-off is really difficult, and we would lean on Sure Start a lot more”*
- *“more for children in the summer”*

Child Health Team

The remit of the Child Health Team is to work with disabled children and children with chronic health conditions. The team receives referrals direct and undertakes assessments. They have amongst their caseload looked after children and children where there are proceedings against the parents, but to a lesser extent than the Long Term Teams. The threshold for acceptance of a case is that need is profound. *“ADHD of itself is below the Child Health Team threshold, and only takes a child over the threshold if associated with other needs.”* The team has contact with the Sure Start physiotherapist who carries out short term work with a child for up to six weeks. They formerly had more contact with Sure Start when the Child Health Team had a role in maternity services.

The team described four cases where there had been contact with the Sure Start Social Worker and Family Support Worker service. One family had been *“successfully helped by a Family Support Worker to carry out Portage”*. For another family, the team had been expecting *“a package from Sure Start, which had not been forthcoming, of help with routines and intensive medium to long term support, in order that observation of the*

family's need, and the children being in need of protection, was evidence based". Although Sure Start would have known the family for quite a long time, the team considered that the Sure Start workers involved with the family "were reluctant to challenge the parents about their parenting and neglect of their children". This led them to see Sure Start as "not being comfortable with reporting their observations and therefore in conflict with child protection procedures".

In the case of a third family, a play worker had noted the home's squalor, but seemingly "no one from Sure Start had sat down with the family about the state of the house before coming to us; this puts the Child Health Team in as the baddy". For another family living in Pinehurst, "Sure Start had made an offer for a child to attend Little Pinetrees, close to the family, so that they could walk a disabled child to the Bright Start nursery in Penhill; this needed a Family Support Worker as escort, but one wasn't available".

Overall, Sure Start is not seen as "lessening the Child Health Team load; it has the effect for the team of involving another agency". In terms of preventive work, they felt that, "with a small Social Worker and Family Support Worker team, Sure Start is limited in what can be achieved". They "would like joint working", and thought "a key worker with a preventive role would be useful", as well as "a qualified behaviour support person to help parents with a child's behaviour management". The team were keen to see measurable outcomes, noting that "the Sure Start physiotherapist had improved a child's motor skills with one family", and that "the Family Support Workers had helped families successfully claim housing benefits".

The team see the Sure Start Social Worker as "carrying out more of a coordinating than social work role", and wondered "whether she had a statutory background and was aware of social work pressures". They questioned "whether Sure Start could play more of a role with disabled children", and cited "a referral to the team of a baby born with Downs Syndrome; this is not a role for the Child Health Team, but there was no one else to advise the mother". The team also recommended that "Sure Start could work with CAMHS", and did not know of the recent secondment to Sure Start of a CAMHS worker.

Members of the team said that they did not know what was available through Sure Start. The Team Manager circulates the Sure Start Bulletin but has not received one recently. The team were not aware that the Sure Start Fathers' Development Worker had left. A new team member has been booked on a Sure Start induction day. The Team Manager used to have "quite a lot of involvement" with the Sure Start Programme Manager. The team "was initially quite excited about Sure Start but wasn't benefiting a lot". They see Sure Start as "being anxious if they have a disabled child, and relying upon the expertise of the Child Health Team's Family Support Worker, who does not carry out any joint work with the Sure Start Social Worker and Family Support Worker service". Transport is also an issue for the team, "our biggest nightmare; and if Sure Start offers a service to a disabled child, the Child Health Team has to organise special transport".

The Child Health Team noted that "Sure Start services are 9 to 5 only; restrictions on times mean that people don't get support when people need it in the evening, or early morning or at weekends". They also recommend "baby sitting services for disabled children and a baby sitting coordinator".

Long Term Team North

The Long Term Team North receives cases from the Referral Team going over one month. The majority are children on the child protection register; a smaller number are children in need. The team has two full time Family Support Workers, one of whom mainly supervises contact between parents and children, while the other undertakes practical support akin to that carried out by a Sure Start Family Support Worker.

Members of this team were appreciative of Sure Start services, citing as example *“a family where the child had moved from ‘child protection’ status to ‘child in need’”*. This did not preclude conflict about *“whether a Social Services threshold had been reached, and what our respective roles are”*. *“Sure Start like to work with a family but don’t want to be seen as Social Workers; so if they think the task is formal social work, they ask us as Social Workers”*. *“If there’s a definite child protection issue in a family, they position themselves as different, to preserve their independence; at the same time they will try to push the Long Term Team Social Worker to see an issue in a family as in the child protection domain, but it’s not a child protection issue in our eyes.”* *“You can overload a family if you offer everything; we say not everything is a priority for intervention.”*

“We have had stand-offs with, for example the speech and language therapists who wouldn’t accept a Swindon Social Worker role, but not necessarily with the Social Worker and the Family Support Worker; but then, apart from once two years ago, there hasn’t been team contact with the Sure Start Social Worker.” The team were divided as to whether there is *“good feedback”* or *“no feedback”* from Sure Start, the latter particularly when families self-refer. The Team Manager added that *“in the early days there was management anxiety about the role of the Sure Start Family Support Workers, but this is now a little less”*.

Both the Child Health Team and the Long Term Team North were critical of the level of charges for a Sure Start nursery place. *“If they charge those prices, we can’t afford to pay, nor can families; it seems to run counter to the proposition that Sure Start provides child care to enable mothers to go out to work.”* *“It forces access on us to pay for families to use Sure Start; Sure Start would quite like us to pay for people; why aren’t there subsidised child care places?”* As the family accounts show, Sure Start is able to offer some free places, with a family’s need assessed against set criteria. The nursery’s fees overall are set at a level which enables families to claim family tax credit, while allowing the nursery to break even.

One Long Term Team North team member felt that Sure Start does not always follow through commitments, citing as example *“a failure to sort out a family’s garden so that the kids can play”*. This was seen as a need where *“the resources of the local community could be tapped”*. In relation to the impact of preventive work, this team felt that *“families still need our services”*, although they did acknowledge that *“the families we work with in Pinehurst and Penhill may not be Sure Start families or may be families that do not want Sure Start Services”*.

The team cited some practical issues about their relationship with Sure Start in relation to contact visits. These concerned “*not making toys available in the room that is booked*”, and “*the need to submit a form every week*”. They also said that “*Sure Start should not be stuck in premises based services, and should work on enticing families in, or work in people’s homes*”. These latter comments seem to reflect a lack of up to date knowledge of Sure Start.

Senior Managers

The two Swindon Social Services Senior Managers interviewed are respectively responsible for Strategic Planning and Quality and Fieldwork Services. One of the two has met with the Sure Start Programme Manager and the Manager of the Swindon Children and Families Intervention Team to discuss the Service Level Agreement and the posts seconded to Sure Start. Swindon Social Services view of these posts is that their remit is:

- *early intervention, prevention*
- *assessing lower level need of children in need*
- *clearly identifying if child protection issues need to be picked up.*

In the view of one of the two Senior Managers, “*having a Social Worker in the community does provide a different aspect of social work; the Social Worker has a different relationship with families, akin to the different relationship with service users that workers in the voluntary sector have*”. Her colleague noted that “*with the advent of Children’s Centres and a Children’s Trust, thinking about the role of social work in Sure Start has now moved on; the issue is: how will the Local Preventive Groups Worker and the Sure Start Social Worker fit into the developing role and structure of Children’s Centres?*”. “*The Local Preventive Groups are an integral part of our thinking about early intervention, with the aim of turning round issues for a family such as housing and low income.*”

The two managers had questions about the supervision of the Sure Start Social Worker. One was unsure about who is the line manager; the other sees the Sure Start Social Worker as supervised by the Manager of the Swindon Children and Families Intervention Team. “*I think it’s important that the Sure Start Social Worker and the Family Support Workers are supervised by someone within the organisation [ie Swindon Social Services] because of their role as Social Workers.*” Her concern would be that “*otherwise, the Sure Start Social Worker and Family Support Workers, employed as they are by Swindon Social Services, are outside the loop of information sharing, training, information about practice and procedure*”.

This train of thought led to further questions. “*A Social Services inspection is coming up: have the Sure Start Social Worker and Family Support Workers been asked to complete, as have all Social Services staff, a pre-inspection service development questionnaire?*” “*There is a discussion taking place about workforce strategy and changes in grades; have the Social Worker and Family Support Workers been informed?*” “*Have they been involved in the current training needs analysis?*”

Despite these queries, the manager in question is sure that *“the posts are beneficial”*. *“As a Department we’re aware of the difficulties families experience in the area that the Social Worker and Family Support Workers are working in, a very deprived area.”* *“What would be useful is for there to be a two-way flow of information; is that happening, or is information staying in Sure Start about what we can do as a Department to meet the need above and beyond Sure Start?”* For her colleague, *“multi-disciplinary teams should be providing different not duplicate services”*, while Swindon Social Services, *“locked as it is in a ‘child protection and looked after children box’ in order to meet government targets, should itself be doing more multi-agency work”*.

On the issue of the impact of Sure Start upon referrals to Social Services, one of the Senior Managers asked: *“Has there been a significant increase in referrals to the duty team; on my previous experience, I would think so, and that has the potential to cause a lot of tensions.”* *“I know that Sure Start is concerned about the low referral rate from the locality team [the Long Term Team North] to Sure Start; do they forget that Sure Start is there, is it a lack of knowledge rather than a lack of understanding, or is it that they use the Children and Families Intervention Team?”*

One of the Senior Managers pointed to *“good links between Sure Start Pinehurst and Penhill and the Children and Families Intervention Team”*, but noted that *“they could be better with other teams”*. In particular, *“the Sure Start Social Worker might be more closely linked with the Referral Team and the Local Preventive Groups Worker”*. This manager thinks that the imminent reduction of vacancy rates in Swindon Social Services children’s teams will make a difference to team relationships with Sure Start.

7.7 Summary

Overall, the evidence from these reported comments is that the Social Worker and Family Support Workers are clear about their role within the Sure Start team and about how they work with families. Their colleagues within the team enjoy good working relationships with the Social Worker and Family Support Workers. Because the other members of the Sure Start team mainly have a health background, they value the different perspective that the Social Worker and the Family Support Workers bring to the team. The Social Worker is particularly valued for opening up a new to them world of social work and Social Services.

The Sure Start team have developed an in-house referral system that they are confident ensures that families needs are considered by all members of the team after initial assessment, and are appropriately allocated within the team. Although they acknowledge that it is sometimes hard to distinguish between a family’s health related and emotional needs. Practitioners looking in from outside are sometimes less sure that the right Sure Start worker is involved with a particular family, or that needs that they consider paramount are being focused on.

On the whole, though, the externally based practitioners interviewed value Sure Start and appreciate the work of the Social Worker and Family Support Workers. Those who are less positive, such as members of Swindon Social Services Child Health Team, are basing their comments on events known to only a few people and that mostly took place some years ago, when Sure Start was first established. In the main, the Social Services managers interviewed, the Long Term Team North, the Children and Families Intervention Team, and community health visitors based at the GP Practices in Pinehurst and Penhill, all spoke highly of Sure Start and the work done by the Social Worker and Family Support Workers.

8. Impact on Referrals to Social Services and Cost Effectiveness

8.1 Referrals to Social Services

One of the objectives of the evaluation is to examine whether the existence of Sure Start services, in particular the Social Worker and Family Support Worker service, has had any impact on children's referrals from Pinehurst and Penhill to Swindon Social Services.

Given the fact that families with whom the Social Worker and Family Support Workers are working are invariably in contact with a range of Sure Start services, it would be difficult to specify that any change in the number of referrals is directly attributable to the Social Worker and Family Support Worker service. It also has to be asked: what is the change expected? One expectation is that because families are being supported by Sure Start, with their needs and problems being picked up at an early stage, the number of referrals to Social Services should decrease. An alternative view, expressed by a Social Services Senior Manager, is that Sure Start will discover families with children's needs previously not known to the Department, and that referrals will increase.

Social Services Departments are asked each year to make a return to NESS, the National Evaluation of Sure Start, of children's statistics for the Sure Start areas in their patch. Changes between years would be a first step in answering this aim of the evaluation. The data asked for includes:

- the total number of referrals to Social Services during the financial year, broken down by age groups
- the number of children on the Child Protection Register at year end, by age groups
- the number of children registered during the financial year, by age groups
- the percentage of children registered during the year, previously registered
- the number of children looked after at year end.

The return submitted by Swindon Social Services for 2002-03 only has data for the second and fifth of the above bullet points. NESS is awaiting the submission of the return for 2003-4. However, even if the later return contains more information, comparison could only be for the Child Protection Register data.

As noted in the previous section, it is the view of the Swindon Social Services Referral Team that the arrival of Sure Start in Pinehurst and Penhill has not resulted in an increase of referrals. A study published in May 2005 by Durham Centre for Applied Social Research¹ similarly concludes, after surveying Sure Start Local Programmes in four local authorities in North East England that:

- *there was little evidence of an immediate impact of the establishment of a Sure Start Local Programme on the number of referrals from the Sure Start Local Programme area to Social Services*
- *the numbers of children placed on the Child Protection Registers each year were generally very small ... and overall there was little or no evidence that the setting up of a Sure Start Local Programme had an impact on these figures.*

¹ The Impact of Sure Start on Social Services, by John Carpenter, Michaela Griffin and Sharon Brown, Durham Centre for Applied Social Research, University of Durham, May 2005, available on both the DfES and Sure Start websites

One difference, however, is that none of the Sure Start Local Programmes looked at had appointed a Social Worker as a member of the Sure Start team, although several had discussed doing so.

Equally significant in discussion of the volume of referrals is whether Sure Start and Social Services have a shared understanding of:

- which issues Sure Start can and should raise with the Social Services Referral, Child Health and Long Term North Teams which they accept as pertinent to a child being considered at risk or in need of protection
- when and whether it is appropriate for a Social Services team to expect that services being offered to a family by Sure Start will address the team's concerns that a child is in need or should be considered for placing on the Child Protection Register.

Comments of Sure Start team members and of Social Services' managers and team members reported in the preceding section show that, although generally there is effective collaboration, there are tensions around such an understanding. Issues that need clarifying are:

- the scope, respectively, of the internal and external supervision arrangements for the Social Worker and the Family Support Workers
- how the Social Services levels of children's need, which set the thresholds for Social Services intervention, relate to the needs families present to Sure Start, and the services Sure Start offers to meet those needs
- how Sure Start and Social Services ensure that the Sure Start Social Worker and Family Support Workers are kept informed of relevant service and other developments in Swindon Social Services; and that Social Services managers and children's team members are kept informed of the role and functions of the Sure Start Social Worker and Family Support Worker service
- the regularity of meetings between the Sure Start Programme Manager and Social Services operational, service improvement and children's team managers.

8.2 Cost effectiveness

The National Evaluation of Sure Start provides a tool to analyse the cost-effectiveness of a Sure Start programme. This is contained in a lengthy document titled *Guidance for Sure Start Local Evaluators and Programme Managers on the Estimation of Cost-Effectiveness at a Local Level* by Pamela Meadows.

Calculating cost effectiveness for the Social Worker and Family Support Worker is complicated by the following factors:

- families are supported for varying periods of time
- the total number of contacts with a family made by the Social Worker and Family Support Workers is not easily taken from the EPEX databases as other Sure Start team members also label some of their contacts *family support*
- as well as the families with whom the Social Worker works without calling upon the support of her Family Support Worker colleagues, through her supervision of the Family Support Workers she is involved in all the work carried out by the Social Worker and Family Support Worker service; it is therefore difficult to cost the Social Worker's input to families separately.

The total costs of the Social Worker and Family Support Worker service for 2004-05 have been calculated as follows:

Cost/Organisation	Service	Annual Cost	Directly attributed for SW/FSW service 2004-05
Staffing costs Swindon Social Services	1 p/t Social Worker 1 f/t Family Support Worker 1 p/t Family Support Worker (0.5) ¹	£52,142 ²	£52,142
Sure Start	Programme Manager supervision of Social Worker - 2% of her time		£ 900
Training Sure Start	18 fte staff	£ 5,000	£ 693
Overheads Indirect ³	Services ⁴	£81,950	£ 1,397
Total			£ 55,132

¹ This Family Support Worker had three months sickness leave in 2004-05; the salary figure in the next column has been adjusted accordingly

² Includes salary on-costs, travel and subsistence

³ Overheads have been apportioned 2.5:22 x 15%

⁴ Maintenance, repairs, electricity, gas, security, recruitment, audit fee, PCT fee, cleaning, telephone, stationery, consumables, rates

In 2004-05, the number of families on the caseload of the Social Worker and Family Support Worker service was:

- Social Worker (part time) : 23
- Family Support Worker (full time) : 36
- Family Support Worker (part time) : 18

Given the complicating factors above, the following unit costing can only be approximate. The total directly attributable cost to the Social Worker and Family Support Worker service for 2004-05 is £55,132.

Without taking into account the difference in the number of contacts and therefore amount of time spent with each family, the total attributable cost per family, based on 77 families, is £716.

Table 1 in Section 5 shows the number of contacts with all Sure Start staff the fifteen families interviewed have had since Sure Start opened until April 2005. In the calculations which follow, percentaging the families according to the number of contacts is used as a surrogate for differentiating between families in terms of the amount of support they have received from the Social Worker and Family Support Worker. The percentages are calculated as follows:

- 400 - 550 : 13%
- 250 - 400 : 20%
- 100 - 250 : 27%
- 50 - 100 : 20%
- 0 - 50 : 20%

Applying these percentages to the 77 families gives one possible range of unit costs per family from £350 to £1,150:

<i>Percentage</i>	<i>% of 77 families</i>	<i>Unit cost</i>
13%	10	£ 1,150
20%	15	£ 950
27%	21	£ 750
20%	15	£ 550
20%	15	£ 350

There do not appear to be benchmarks against which to judge these unit costs. No Social Worker unit costing exercises are written up in the evaluation reports currently on the National Evaluation of Sure Start website. Family Support Worker unit costs shown are per hour or per contact, which are not directly comparable with the above calculations. One comparison might be with unit costs calculated by individual Social Services Departments, although the work with families is not directly comparable. It is therefore up to the Sure Start Management Board to assess whether these costs are expected and reasonable.

One set of figures which shows that these costs may represent value for money come from section 6.5 *Social Services support for Children in Need* of the publication, *Unit Costs of Health and Social Care 2004*.²

² Unit Costs of Health and Social Care 2004, compiled by Lesley Curtis and Ann Netten, Personal Social Services Research Unit, University of Kent

It has to be stressed that the costs given are based on **all** the costs falling to Social Services Departments for **all** children regarded as in need under child protection legislation across **all** local authorities in England. The figures are medians, the cost for a typical child, rather than means, the average cost per child. Moreover, the figures are **weekly** costs.

From this publication, the Social Services costs per child per week for Unitary Authorities are:

- children supported in families or independently: £59
- children looked after: £286

Social Services costs per week for children on the child protection register are:

- children supported in families or independently: £78
- children looked after: £366

9. Conclusions and Recommendations

9.1 Conclusions

The purpose of this evaluation is to evaluate the effectiveness, of the Social Worker and Family Support Worker service within the Sure Start programme. Specific areas for review include:

- assessing service assessment, planning and delivery against service objectives
- evaluating the outcomes of the service for parents and children
- assessing the impact of this service located in a multi-disciplinary, community based team
- evaluating the relationship with Swindon Social Services Department
- assessing the impact of the Sure Start service on referrals to Swindon Social Services.

Section 4 of this report sets out the aims of the Social Worker and Family Support Worker service when it was first established in 2002 . In Section 7 the Social Worker and Family Support Workers describe how they go about their work, supporting families. This follows a section in which fifteen families describe why they came to use the Social Worker and Family Support Worker service, with accompanying accounts by the Social Worker or the Family Support Worker involved with the family, which describe how they perceived the family's needs and worked with family members. That section, Section 6 of the report, ends with an overview of the outcomes for the fifteen families overall, based on their own observations and those of the Social Worker and Family Support Workers.

The families interviewed, despite the occasional but mostly brief falling out with one or other of these workers, view their engagement with the Social Worker or a Family Support Worker as a highly positive experience. Several are extremely supportive of the intervention of a Sure Start Social Worker or a Family Support Worker in their life. Others are more quietly appreciative that the changes that have occurred in their own behaviour as a parent, or in the behaviour of their children, are attributable to working with the Social Worker or a Family Support Worker. This suggests that the Social Worker and Family Support Workers have got the processes of assessment and planning about right. As is described more fully in Section 6, these outcomes for families match the four broad Sure Start objectives, and the five subsequent Every Child Matters, now also called Change for Children, objectives. Section 6 also attempts a brief categorisation of families using the Social Worker and Family Support Worker service, to take account of the point, noted in several places throughout the report, that not all families are in continuously desperate need, but that there are times in their life when they need outside assistance in order to cope.

The report, in Sections 6 and 7, describes for the fifteen families interviewed, and in general terms, how use of the Social Worker and Family Support Worker service interweaves with family use of other Sure Start services. This will be attendance at groups or courses where they will meet other members of the Sure Start team, as well as support directly to a parent or family given by another team member.

Assessments of a family's needs are taken to the weekly in-house discussion in order to determine which member of the team is the most appropriate worker. The Sure Start team

believe that this system works well for families, while continuously improving the in-house 'request for services' referral form, and discussing whether each family should be allocated a key worker. The families interviewed had no difficulty identifying why a team member alongside the Social Worker or a Family Support Worker was giving them support. Practitioners outside Sure Start, as noted in Section 7, are either less certain that the right worker was involved, or feel that issues of Social Services concern are not being addressed.

Conversely, the Sure Start team, including the Social Worker and Family Support Workers, consider that Social Services teams do not attach sufficient weight to issues within a family that concern the Sure Start team, or give undue weight to issues that the Sure Start team believe a family, with their support, is learning to handle. Further discussion of the relationship with Swindon Social Services is in Sections 7 and 8. Some of the tensions hinge on how Swindon Social Services interpret their guideline levels of need, set out in Section 4, which are the thresholds of children's eligibility for services. In particular, Social Services see themselves working at levels 3 and 4, and see Sure Start working at levels 1 and 2, with the Social Worker and Family Support Service predominantly at level 2. The Social Worker and Family Support Workers see themselves as working at levels 2 and 3.

As a further response to whether the appropriately skilled Sure Start team member is involved with a family, the team notes that the relationship of trust built up with a family sometimes means that a team member remains involved offering support that is ordinarily the remit of a colleague. To this end team members have given each other basic training in their respective skills; indeed one team member "would like to see a seamless service, with the Social Worker giving advice about nursing bras". The team consider that they can work in this way because they are based in one open plan office and freely share information about families' needs, without being precious about their own area of work.

One problem this sharing of tasks causes for monitoring and evaluation is that interventions are often entered as 'family support' on the EPEX system by team members other than the Social Worker or Family Support Workers. Similarly, although separate information can be made available, the recently published Monitoring Report 2004 did not show contacts specifically for the Social Worker and Family Support Worker service, instead using the generic heading "family support".

The team acknowledges that the complexity of some family's needs sometimes make it difficult to distinguish between input from a team member with a health background or from the Social Worker or a Family Support Worker. On occasions, the choice is dictated by whether the Social Worker or the Family Support Workers have space in their workload. This is one reason why the team recommends augmenting the Social Worker and Family Support Worker service.

Section 7 shows that the work of the Social Worker and Family Support Workers is highly valued by their team colleagues. The bringing to the team of a social work perspective, and knowledge of how Social Services children's teams operate, is particularly appreciated. Section 6 shows that even within the relatively small sample of fifteen families interviewed, there are a number of children considered at risk in terms of children's legislation, or formerly on the Child Protection Register. For being able to explain all this, as well as for

their specialist areas of support, inclusion of a Social Worker and Family Support Workers in the multi-disciplinary team is seen by their colleagues as crucial.

As noted throughout the report, one stimulus to including a Social Worker and Family Support service in the Sure Start programme was the concept that providing support to a family when needs first become apparent might prevent future crises of even greater severity. With few exceptions, all those interviewed believe in the effectiveness of what they term 'early intervention' or 'preventive work'. Some do point to the difficulty, if not impossibility, of measuring the outcome of preventive family support. Some feel that for some families continuous crises and emergencies are inevitable. Nonetheless, one outcome is certainly felt to be that some children will not become "looked after", or placed on the Child Protection Register; although if community resources such as Sure Start services are not available, this might be for some families a two-edged sword should they then fall below the threshold level of eligibility for statutory services but still have support needs.

The Sure Start team, while realistic, certainly endorse the proposition that early intervention prevents later family crisis. They point to several instances where family needs they meet before a child goes to nursery or school might otherwise not be picked up until the child gets to nursery or school, by which time the child's problems are well entrenched making it harder for the parent to cope. Among the instances cited are the behaviour problems which the Social Worker and Family Support Workers motivate parents to manage emotionally and practically.

A related issue mentioned by many of the Sure Start team, including the Social Worker and Family Support Workers, is that they describe their support for families as additional to the ways in which mainstream services work with families. This is in part the consequence of being a multi-disciplinary, information sharing, community-based team; partly a practical response to potential suspicion by mainstream health visitors, midwives, social workers, that their role is being usurped; partly a means of reassuring families that they are different from mainstream agencies, especially those that "take children away". It should be noted that the Sure Start team did take the decision at the outset to retain job titles such as health visitor, social worker. The difficulty that will arise is how 'additional' services, which work preventively in innovative ways, are to become part of the already over-stretched mainstream when funding earmarked for Sure Start no longer exists.

9.2 Recommendations

- That the Children's Centre into which Sure Start Pinehurst and Penhill metamorphosed at the beginning of the year should continue to include a Social Worker and Family Support Workers in the team of workers. This is, of course, a matter for negotiation by the Sure Start Management Board with Swindon Social Services who are the employers of the Social Worker and Family Support Workers. Sure Start has already opened discussions with Swindon Social Services about renewing the Service Level Agreement; and it has been agreed locally that funding for Sure Start in Pinehurst and Penhill will remain at the same level as 2005-06 in 2006-07, with a possibility that that funding will be secure in 2007-08.

- That consideration is given to making the Social Worker post full time. This might require a job share arrangement. Sure Start team members note that, as well as supervising students on placement, acting as a team member which includes co-leading groups, and developing the Social Worker and Family Support Worker service, the part time Social Worker carries out three main roles: work with families; supervision of the Family Support Workers; and support and advice for team members. The time she has available to work with families is therefore limited.
- That consideration is given to augmenting the number of Family Support Worker posts. At present one Family Support Worker is full time, one part time, currently on maternity leave. Sure Start team members feel that more practically motivational support of the kind deployed by the Family Support Workers would be valuable to support them. Consideration might also be given to whether the job title accurately reflects the scope of the job. Whilst the job title is one used by other Sure Starts where the workers in question have a similar role, Family Support Worker for some Sure Starts, and also for some Social Services Departments, does not necessarily involve the length and scale of contact carried out by the Swindon Sure Start Family Support Workers.
- That Sure Start embarks upon a structured programme of discussing with Swindon Social Services senior managers, team managers and children's team members the issues described in Section 8 of supervision, information sharing, regularity of meetings and the applicability of Social Services thresholds of need.
- That a system is devised on the EPEX statistical monitoring databases to distinguish family support given by the Social Worker and Family Support Worker service from family support made available by other team members. This will require training and reminding team members to use the recording codes devised.
- That consideration is given to ways in which practitioners in the vicinity of Sure Start, and in agencies with which Sure Start is in contact, are kept well informed about the services available through Sure Start; and, more significantly, about the ways in which team members, in their work with families, collaborate with those agencies.
- That all other explicit and implicit recommendations arising from the views and comments of all those interviewed, transcribed in the body of the report, are noted, considered and given effect to if thought worthy and practicable.

SURE START PINEHURST & PENHILL**QUESTIONS FOR INTERVIEWS WITH FAMILIES RECEIVING
SOCIAL WORKER AND FAMILY SUPPORT WORKER SUPPORT**

Start by referring to letter explaining why their participation has been requested, specifically that these questions cover their contact with the SSP&P Social Worker or Family Support Worker; note our appreciation that we will be discussing intensely personal family matters and stress confidentiality and anonymity.

1. How did you first hear about SSP&P?
When was that?
2. When did you first meet the Social Worker / Family Support Worker?
What was it that you thought she / they was / were going to help you with?
Was that because someone else thought that your meeting the Social Worker or Family Support Worker would be helpful for you; and if so, who, and why was that?
Did you want to meet the Social Worker or Family Support Worker, or did you have to be persuaded?
- 2a. (*If applicable*) When did you get to know that the Social Worker is a Social Worker?
Did you have any concerns when you learnt that she is a Social Worker?
3. How long have you been / were you in contact with the Social Worker or Family Support Worker?
How often did / do you see her?
Did you choose the day, time and place (ie how convenient were/are these for you)?
For how long each time, or did / does that vary?
Did / has that frequency increase(d) or decrease(d) in the time that you saw / have been seeing the Social Worker or Family Support Worker?
4. In all the time that you were / have been in touch with the Social Worker or Family Support Worker, what did she help you with?
Were / are there different things you discuss(ed) with the Social Worker or Family Support Worker over time?
If you're no longer seeing the Social Worker or Family Support Worker, why did that stop?
5. Do you think you now do things differently?
How do you feel you've changed?
Has that affected how you do things as a parent?
6. Have you noticed your child(ren) doing things differently because of changes in how you do things?
Can you tell me what those differences are?

SURE START PINEHURST & PENHILL

**QUESTIONS FOR INTERVIEWS WITH FAMILIES RECEIVING
SOCIAL WORKER AND FAMILY SUPPORT WORKER SUPPORT**

7. Did you use any other SSP&P services before or after seeing the Social Worker or Family Support Worker?
If so, which?
What for?
For you and / or your child?
Was / is it easier to use those services because of seeing the Social Worker or Family Support Worker?
8. While you were / are seeing the Social Worker or Family Support Worker, were / are you in touch with any other services for families and children?
If so, which?
What was / is that for?
For you and / or your child?
Was / is it easier or more complicated to use those services because of seeing the Social Worker or Family Support Worker?
9. What would you say has been / is most helpful about seeing the Social Worker or Family Support Worker, both for you, and for your child(ren)?
What was / is it about the way she / they worked / work(s) with you that you particularly value?
What – if at all – is it that you are particularly satisfied about?
10. Were / are there things that you felt / feel the Social Worker or Family Support Worker should/could have done / do differently, both for you and for your child(ren)?
Were / are there things that you feel particularly frustrated or upset about?
What – if at all – is it that you are particularly dissatisfied about?
11. Were / are there things that you felt / feel SSP&P should / could have done / do differently?
12. Have you told / would you tell other people living in the area about SSP&P?
What did / would you say?
What is it like living in Pinehurst / Penhill?

THANK YOU for your time

If, as a result of our discussion, you want to contact SSP&P, please phone 01793 705091

SURE START PINEHURST & PENHILL**QUESTIONS FOR SSP&P TEAM MEMBERS, COMMUNITY HEALTH VISITORS, AND SWINDON SOCIAL SERVICES TEAMS**

Start with brief explanation of the Social Worker and Family Support Worker evaluation. Stress confidentiality and anonymity of responses.

1. Please tell me how you work?
2. Are you able to compare the SSP&P area with other parts of Swindon in terms of the needs of parents or carers with children under 4?
Do you see families living in the SSP&P area having particular needs?
Do you think that the reasons why family members need to use SSP&P are exacerbated by living in the SSP&P area?
3. (*If not a SSP&P team member*) Has your work brought you into contact with the Sure Start team or Sure Start services?
Have you done / are you doing any joint work with the Social Worker or Family Support Workers?
Were / are you aiming jointly to achieve the same outcome with a family / families and their child(ren), or did / do you have separate outcomes in mind?
Please describe the outcome(s).
Do you think the family / families were / are clear about what each of you were / are offering them?
Was / is there ever any overlap in what you were / are both aiming to achieve as an outcome for the child(ren) and parent(s) / carer(s)?
Did / does that cause any difficulty:
 - to the family
 - to you?
4. Do you think that work can be done with families with very young children to prevent or limit later potential crises?
If so, what would be the signals of the need for preventive intervention?
What, from your experience, would those preventive measures be?
5. Do you see value in having a Social Worker and Family Support Workers in the SSP&P team?
What kind of parental or child need would you expect a Sure Start Social Worker and Family Support Worker to be giving support on?
6. Do you have any recommendations for:
 - the way in which the SSP&P Social Worker and Family Support Workers might work with families and children in future
 - the services SSP&P might make available to children and families

THANK YOU for your time