

External Evaluation of the
Family Support Service

Sure Start Easton

June 2004

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Executive Summary

Sure Start has been designed to support parents with children under four. It is a mammoth task in a community as diverse as Easton. Yet Sure Start Easton has succeeded in developing a model project which goes a long way towards doing just that. The evaluation has been designed to look at the service from an external perspective and has not looked at the service delivery internally.

The Family Support Service has been developed and running for just over one year, when the full complement of staff settled in to their roles.

The Family Support Workers provide their registered parents with an opportunity to receive help on almost any issue that arise in their lives and can be assisted through a supporting hand and careful direction to relevant agencies. It is a quiet, discreet service, which is perhaps why its successes are not shared with other organisations in Easton.

The job of a Family Support Worker is not straight forward - every day brings a new challenge as every parent interviewed has needed a different package of support. The service has, over the one year of operation, evolved to provide a valued service, making a difference to families by meeting the needs of individual parents. In particular, they are supporting people who would be considered hard-to-reach or have serious issues in need of careful, confidential support. 72% of parents interviewed felt the Family Support Service had made a significant positive impact on their lives, of which 52% felt they had made a considerable impact. Of those who felt the service had not had an impact, 16% had not had sufficient contact with their support worker to comment, and a further 16% felt that the service had failed them, indicating room for improvement.

The team of Family Support Workers reflect the diversity of the community in many ways. This is a strength and the individuals, working as a team, are able to successfully provide a wide range of support to the families need it. The Family Support Workers indicate a real commitment to the service they are delivering.

Each Family Support Worker however has a different style of delivery and has brought to the job very different skills and experience. This too is a strength as a lot of learning has been shared and individual experience has been transferred, but it is also a weakness, in that it does mean that the face of the service is not yet uniform.

Another problem is that a significant percentage of Family Support Workers, like the population of Easton, appear to move on, providing the

service with an unusually high degree of change in the project team, with all the management and delivery difficulties that that entails.

The Family Support Service does not replicate any other service being provided, although the operational structure resembles a health visitor or health link worker, and occasionally areas of health may be advised on by a Family Support Worker. None of the parents saw a similarity, and all had had a health visitor. The parents valued both services independently.

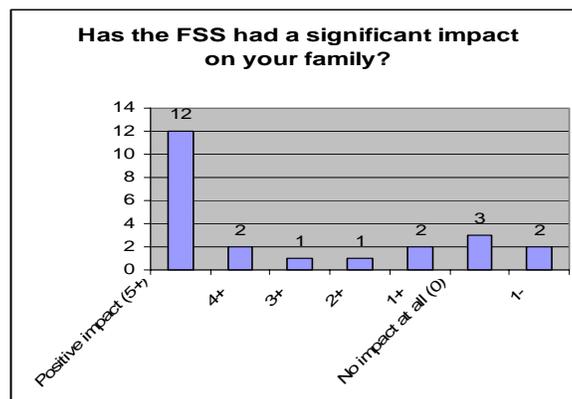
Sure Start has in one year created a model which is meeting a real need, supporting parents where they need it most.

Summary of Results

Parents

80% of parents liked the general help the Family Support Workers had provided. The parents acknowledged a difference in the relationship they had with their Family Support Worker and their health visitor. The Family Support Workers were recognised as supporting individual needs rather than child development.

A third of the sample had come through referral. 76% of the parents interviewed would be considered as hard-to-reach and/or having to tackle severe difficulties in their lives. 60% felt they had had their problem/difficulties addressed with the support of their Family Support Worker. The emotional and personal support was identified as the area most appreciated by 72% of the parents, followed by help with childcare facilities (44%) and the actions taken by Family Support Workers (44%) where they would take them to venues, fill in forms and introduce them to other professionals. 44% of the parents with children under four had had support from their Family Support Worker to gain work and training.



72% said that the Family Support Service had a significant positive impact on their family. 60% considered it a valuable service, of which 52% considered it very valuable. 48% would like more contact with their Family Support Worker. Of those who did not value the service, some had low needs, and others had not yet had their problems resolved.

Most parents found their Family Support Worker reliable, useful and sensitive to their cultural and social needs. 48% did not have any criticism of or suggestions for improvement to the service. The criticisms were often specific to an individual Family Support Worker; in particular, many parents (16%) found it difficult, if they had invested time in bonding with their Family Support Worker, to find a new one had been allocated. Other parents (28%) felt they had been let down where an Family Support Worker had not followed through.

Organisations

Of the 10 link organisations chosen by Sure Start Easton as being key to the Family Support Service, just 7 considered they had had contact with the Family Support Service, and only 3 had contact on a regular monthly basis. 80% of the organisations indicated a general frustration: 70% thought the Family Support Service was a good idea, but held back from recommending parents because they were not confident the service was delivering. 4 organisations knew they had been given link workers but had rarely seen them and felt the service provided by the individual link worker lacked consistency. 3 out of the 5 Family Support Workers interviewed also felt they had not given a consistent service to their link organisation.

Taken as a whole there was a complete lack of confidence in the Family Support Service, even the three organisations who had formed good relationships with their Family Service Workers felt unsure about the service as whole. Management of Sure Start were also under confident about the Family Support Service.

Improvements

Overall, the service was considered by parents to be an excellent one which they valued highly. However, 28% did cite poor communication as an issue and 24% of parents suggested that an improvement would be clarification on what the Family Support Service could provide.

Given that most parents considered the service was meeting a real need, and had had a significant impact on their family lives it is somewhat surprising to find the organisations had very little confidence in the service. All the organisations identified poor communication as the root of the problem and suggested improvements to communications at every level.

1 Introduction

The Family Support Service (FSS) is part of the Sure Start Easton programme, which aims to improve the health and well-being of children under four and their families so that children can flourish when they go on to school.

The purpose of this evaluation is to provide Sure Start Easton with information that can be used to inform the programme managers and other stakeholders of what the FSS has achieved in its first year of operation. The evaluation will look to see what support the FSS has provided parents, what impact it may have had on families, and what services other key organisations value. As the FSS is a new service the evaluation will also look at where improvements or changes can be made.

The aim is to provide a picture of the service as a whole preserving confidentiality between I.R.I.S, Sure Start parents, Family Support Workers and organisations so no one individual person is identified. The report therefore does not identify individuals. The evaluation has been designed to look at the service from an external perspective and has not looked at the service delivery internally.

2 Evaluation Method

2.1 Workshop

A facilitated workshop with key members of Sure Start team and the FSS was delivered to

- set the aims and objectives of the evaluation as a team
- set the parameters of the consultancy, i.e. minimum number of organisations to be consulted, documentation available internally and externally, timetable for the evaluation and level of reporting needed
- to provide the consultants with a better level of understanding of the service
- establish links with staff at Sure Start
- define the level of involvement in the evaluation of Sure Start staff.

2.2 Interviews with parents

Develop and pilot interview questions for parent interviews. The questionnaires ensured that all the questions were delivered in exactly the same way, even when translators were required.

I.R.I.S (Involving Residents in Solutions) asked Sure Start Easton to provide a breakdown of each individual Family Support Worker's (FSW's) case load. 30 identification numbers were picked at random by I.R.I.S, 10 low or no contact, 10 medium and 10 high priority families, from the lists provided.

Sure Start Easton then booked the appointments with parents for I.R.I.S staff. A £5.00 Tesco voucher was given to all parents who participated.

In the event 25 parents were interviewed.

2.3 Interviews with key organisations

Develop interview questions for key link organisations. Sure Start identified 10 organisations for I.R.I.S to interview. IRIS made the bookings and consulted with 10 key organisations.

Of the organisations one failed to meet their appointment, and was replaced by another.

2.4 Interviewing a sample of the Family Support Service

Finally a sample of FSWs were interviewed individually to:

- gain a perspective on what they perceive is the service they deliver
- gain a response to some of the issues raised by parents and organisations
- see how they view the effectiveness and impact of their work, what they feel is working and what and how the service could be improved
- consolidate information on how the service is delivered.

5 FSWs were interviewed, (1 was also a deputy team leader).

2.5 Analysis of findings and report writing

Analyse the three sets of interviews. Provide the findings, conclusions and recommendations in a final report. In addition provide an Executive Summary that can be made available to all participants.

2.6 Limitations

In the year 2003-2004 data from Sure Start Easton indicated there were 461 young people living in Easton who were under four from 376 families. The budget and time frame placed a limitation on sample size, so within that a sample size of 30 was chosen which was considered to be 10% of the expected caseload for the FSS. In the event 25 were interviewed, which is approximately 10% of the actually registered caseload of the FSS.

Of the original 30 randomly sampled 15 were booked for interviews (2 were not at home), a further 2 were contacted from the reserve list of 3. A second reserve list of 9 was made up and 4 were booked from this list. Finally a further 10 names were given of which 6 were booked. In total 52 names were given and a total of 29 bookings were made, of which 2 were re-booked, and 2 were not at home. Although we asked FSS to make careful note of why some people were not booked, we have not been able to ascertain for this report what the problems with booking were.

The sample of 10 key link organisations came from a list of some 70 organisations which are considered to provide services to families of children under four. This selection was done by staff at Sure Start. We are not really aware of what criteria were used.

No internal evaluation took place so it is difficult to comment on structures and systems which may need improvement. Because of this there has been little written material available for the evaluators to gain an overview of the FSS internally.

3 Findings

3.1 Parent consultation

Sure Start Easton arranged appointments with 27 families, of which 25 were interviewed, but 2 families failed to meet with the interviewers. Those 2 families have not been included in this statistical report.

The parents were picked at random, and interviewed to enable the evaluators to gain an understanding of the FSS from the parents' perspective; what they thought of the FSS, what they liked and disliked, and what, if anything, could be improved in the future.

3.1.1 How long have you lived in Easton?

32% (8) of the parents interviewed had lived in Easton for under two years. Easton has a transient community where a significant percentage (41%) of people are thinking of moving out of the area for one reason or another.¹

32% (8) 3-5 years, 12% (3) 7-10 years, 16% (4) 11-20 years and a further 8% (2) lived in the community for over 20 years. This cross-section of length of stay is similar in breakdown to that of the general population of Easton where 71% had lived in Easton over two years and 29% of residents had lived in Easton over 10 years.¹

3.1.2 What do you like about the service provided by your FSW?

- General help provided 80% (20)
- Emotional/personal support 72% (18)
- Childcare facilities/provision 44% (11)
- Actions taken by FSW 44% (11)
- Signposting 36% (9)
- Help to get back into work 24% (6)
- Help to get back into education 16% (4)

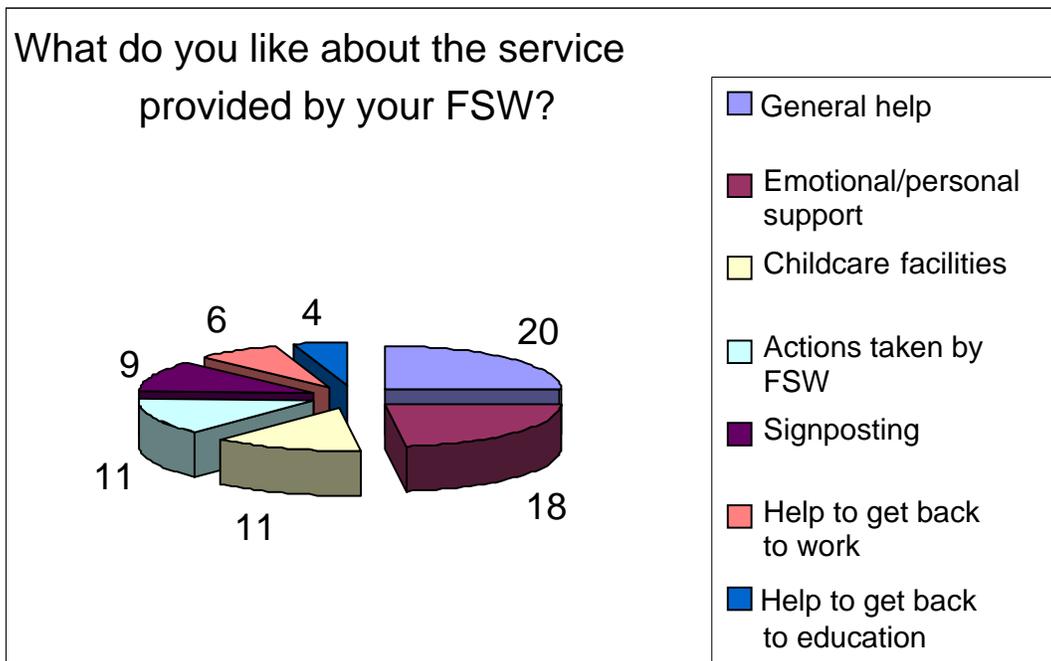
80% of the sample stated they liked and appreciated the general help that the FSWs were providing them. Within the general help section they cited how much they valued the emotional and personal support they received from their individual FSWs. One parent said "she has become my

¹ IRIE Involving Residents in Easton, Statistical Summary of Easton Resident Survey, July 2002
Involving Residents in Solutions

emotional rock”. Another explained “I have never felt judged or that they have been too involved with my personal business”.

Many parents spoke of their gratitude when tasks, which they felt were beyond them, were supported by their FSW. A wide range of examples were given, including help with Working Tax Credit forms and benefit applications, referral to immigration lawyers and advice on childcare provision. Where the FSW was unable to help or did not have the expertise to address their needs, the families were signposted to the relevant agencies who had then been able to help.

44% stated they had had help with childcare provision. Some parents mentioned that they were able to return to work/education and were happy their children were in a safe and secure environment. Parents also acknowledged that nurseries were important for their children’s personal and social development.

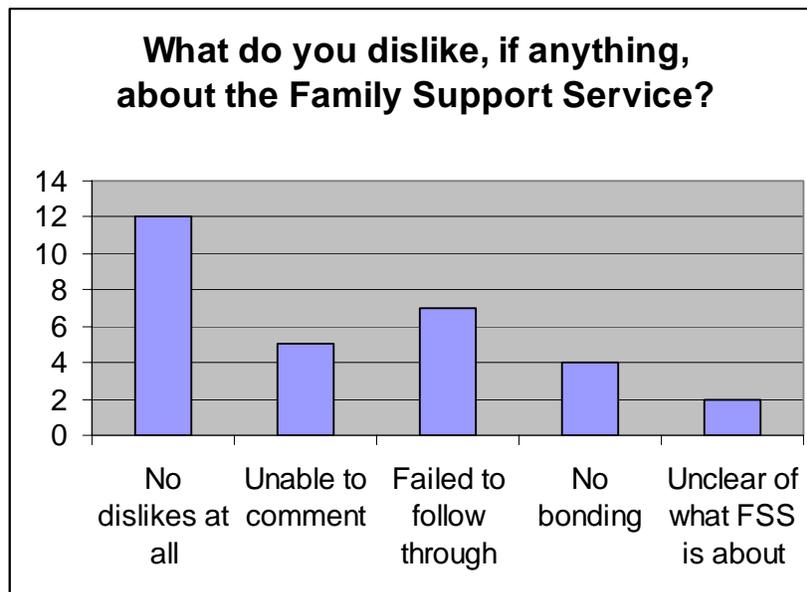


3.1.3 What do you dislike, if anything, about the service provided by your FSW?

- No dislikes at all 48% (12)
- Failed to follow through/ poor communication 28% (7)
 - Of which 3 were missed appointments 12% (3)
 - 4 were information/help never given 16% (4)
- No bond/bond broken 16% (4)
- Unclear of what FSS is about 8% (2)
- Unable to comment as not enough contact 20% (5)

The statistics will not total to 100% as parents were able to give more than one dislike to the question.

48% of parents said they had no dislikes of the FSS at all. 20% of parents stated that they had had very little contact with their FSW and therefore felt they could not comment. In some cases this was because they were new clients; in other cases they would have liked more contact.



28% spoke of false promises made, not turning up for appointments or failure to follow through with information by their FSWs. Examples were where parents spoke of a promise of action by the FSW then to be told that they were unable to provide the type of support required or the information was never forthcoming. This therefore left the parents with their hopes raised, expecting the FSS to support them through a difficult situation only to be let down and left feeling unsupported.

Bonding and trusting the FSW was an important factor for all parents, and those who had been successfully helped indicated the importance of these elements in their relationship with their FSW. All those dissatisfied with the FSS had not bonded with their FSW. 16% of parents actually spoke of the lack of bonding between themselves and their FSW. Some stated they felt uncomfortable with a sudden change of FSW which appeared to have happened in some cases without any particular reason. Again this was a reason stated for a lack of bonding. Maternity leave appeared to have a huge impact on the parents who had built a relationship with their original FSW. Parents found it difficult to replicate the same or similar bond with the new FSW allocated to their case.

3.1.4 What, if any, improvements could be made to the service provided by your Family Support Worker?

- No improvements - No suggestions 50% (15)
- Clarification of FSS/more information 24% (6)
- More childcare facilities 16% (4)
- More trips 8% (2)
- More help/contact 8% (2)
- Schemes where parents can participate 8% (2)
- Training, help to get back to work 4% (1)

50% (15) of the sample said they had no improvements or suggestions they could mention which could improve the Family Support Service. For the majority they felt they were receiving a valued and very much needed service from their FSW.

24% (6) cited they would like more clarification and information on what the Family Support Service is about and what they actually deliver. The service delivered to the families depended very much on the individual FSW and therefore could vary.

Comments like “Not clear who my FSW is but think it may be, it would be an improvement if it was made clear who the allocated FSW was”.

“More information needed about FSWs and Sure Start as a whole.”

“If I knew about Sure Start I would of used them earlier.”

16% (4) said they would like more childcare facilities with a further 8% (2) stating they would like more trips in the school holidays. One father was

interested in more activities for fathers. The majority of this sample (16%) said by having more childcare facilities to hand it would enable them to return to work or back to education. 4% said they would without doubt return to work if they could be confident they could access, to their requirements, good childcare facilities locally.

Under the heading of childcare facilities parents also talked about facilities for them - i.e. 8% said more schemes for young parents to participate in and one parent spoke of the lack of father's groups. A few people, (including two fathers) spoke of the need for a place where parents could meet with their children for a coffee and a chat.

More help and contact with their FSW was mentioned as an improvement.

3.1.5 What ages are your children?

- 0 – 1 year 12% (6)
- 2 - 4 years 50% (27)
- 5+ 39% (21)

Our sample of 25 parents had 54 children between them of which 33 children were under four. The children who were over five were the older siblings to the children who were registered with Sure Start Easton.

3.1.6 What other services do you use locally?

The sample was asked what other services they used regularly, particularly those that are local to Easton and impact on the development of your child/ren under four?

Many of the services mentioned and received some funding through Sure Start Easton.

- Easton Family Centre 24% (6)
- Rainbow Tots 24% (6)
- Sunshine Group 20% (5)
- Tiny Tots - community centre 12% (3)
- Felix Rd Adventure 8% (2)
- Easton Children's Centre 8% (2)
- Rosemary Nursery 8% (2)
- Castle Green playgroup 4% (1)
- Local Schools 4% (1)

- Chelsea Tots 4% (1)
- Play house 4% (1)
- Kilburn Court 8% (2)
- Co Op 4% (1)

The sample were asked if they still had contact with their health visitor and if so where did they come from. 44% (11) said they had a health visitor from Charlotte Keel Health Centre and 16% (4) came from Lawrence Hill Health Centre. The parents acknowledged a difference between the relationships they had with their FSW and with their health visitor. The FSWs were recognised as being able to help/support a variety of individual needs.

3.1.7 How did you hear about Sure Start Easton?

- Referred by professional 32% (8)
- Playgroup 24% (6)
- Baby Clinic 16% (4)
- Seen Sure Start building and went in 16% (4)
- Kilburn Court baby unit 8% (2)
- Ante Natal 4% (1)
- Through word of mouth 4% (1)

Some had been referred by more than one professional/organisation

The largest proportion of families 32% (8) who heard of/registered with Sure Start came through referral, 24% (6) came through different playgroups which is understandable as the FSS prioritises parents referred to them.

16% (4) heard about Sure Start at a baby clinic. (It was noted that because of a backlog of work, FSWs who would normally register families at a baby clinic have not been attending the clinic for a period of time.)

16% (4) saw the Sure Start building and went in to enquire about the services.

3.1.8 Why did you join Sure Start Easton? Did you join because you needed something in particular?

28% (7) joined Sure Start Easton because they felt they needed emotional/personal support. Children's activities/facilities were high on the agenda for 24% (6). 20% (5) needed help in general; which included how to get back to work - i.e. working out Working Families Tax Credit, and

calculating whether the family would be any better off financially if the parents returned to work.

Many parents, 20% (5), joined Sure Start because they needed a signposting facility.

All parents who were consulted remembered with appreciation ‘the goodie’ bag of information and gifts they were given when they first registered with Sure Start.

3.1.9 How often have you spoken to your FSW?

- Monthly 37% (8)
- Weekly 27% (6)
- If and when needed 27% (6)
- Not for a long time 9% (1)

3 parents have not answered this question.

3.1.10 How/ Location?

- Telephone 74% (17)
- Home visit 70% (16)
- Sure Start Office 17% (4)
- Letter 13% (3)
- Other - agency, venue 5% (1)

The sample were able to give more than one answer - therefore the statistics will not add up to 100%.

The majority of the sample said they were contacted by their FSW either through a home visit 70% (16) and/or by telephone 74% (17).

3.1.11 Have you been to the new Sure Start premises?

- No 46% (14)
- Yes 44% (11)

44% of the sample had been to the new Sure Start building. They commented on the building being more accessible and a brilliant open space. One person said “Nice office, better than the old one on Stapleton Road it was not a good location. More confidential now it’s not on the main road”.

3.1.12 What if anything did you expect from your FSW?

- No expectations 44% (11)
- No answer 24% (6)
- Help to get back to work/education 16% (4)
- Childcare facilities 16% (4)
- Help 12% (3)
- Signposting 12% (3)
- Emotional/ personal support 8% (2)

44% (11) had no expectations at all from their FSW. 24% (6) failed to answer this question. 16% (4) wanted help/support to get back to work or education. 16% (4) expected good childcare facilities. 12% (3) expected help/support in general. 12% (3) thought the FSS would be able to signpost families to relevant agencies, if and when needed and a further 8% (2) expected the FSWs to give emotional and personal support to families.

3.1.13 What did your FSW actually do for you?

- Help in general 68% (17)
- Emotional support 56% (14)
- Childcare facilities 40% (10)
- Signposted information 32% (8)
- Help to get back to work/training 20% (5)
- Nothing 16% (4)

68% (17) of the sample cited they received general help from their FSW.

56% (14) said they were supported personally and emotionally by their FSW. This support has proved to be invaluable and a service very much needed and wanted by all beneficiaries. Not only has this contributed to improve the confidence of individuals but has enhanced and improved many children's lives in the process. Some of the FSWs have become 'emotional rocks' and the families indicated they are not sure where they could have gone for advice/support.

40% (10) said they attend local childcare facilities; many of which are funded by Sure Start. 32% (8) had been signposted to relevant organisations/agencies who had been able to help with any difficulties. 20% (5) received help in getting back to work or education. A further 16% (4) stated that their FSW had done nothing for them at all. They represented the small percentage of parents who had not received a service from their FSW.

3.1.14 What other services has your FSW referred you to?

- No answer 48% (12)
- Child provisions 16% (4)
- Immigration 12% (3)
- Housing 8% (2)
- Social Services 8% (2)
- Counsellor 4% (1)
- Special Therapist 4% (1)
- Help with finance 4% (1)
- Education 4% (1)
- Health agencies 4% (1)

Most of the FSWs had signposted their families to agencies who had been able to help them. The agencies most referred to are childcare agencies and agencies who are able to deal with immigration issues. Other agencies which had received referrals from the FSS included Social Services, housing, counsellors and speech therapists.

48% (12) did not answer this question as it was not applicable to them.

3.1.15 Did your FSW help solve any problems or difficulties?

- Yes 60% (15)
- No 20% (5)
- No, not needed 12% (3)
- Possibly 4% (1)
- Not answered 4% (1)

60% (15) of the sample said yes their FSW had helped to solve any problems or difficulties they had had. 20% (5) stated they had failed to solve their problems. 12% (3) did not need the support of their FSW. 4% (1) was not sure whether or not the problems had been dealt with by their FSW. 4% (1) did not answer the question.

3.1.15 Is the FSW sensitive to your family needs?

- Yes 72% (18)
- No 8% (2)
- Not answered 20% (5)

72% (18) said they felt their FSW was very sensitive to their families needs, 8% (2) thought they were insensitive and 20% (5) did not answer this question.

3.1.16 Do they consider your social and cultural considerations?

- Yes 80% (20)
- No 12% (3)
- Not answered 8% (2)

80% (20) said their FSW did consider their social and cultural needs. 12% (3) said their FSW failed to consider their social and cultural needs and 8% (2) had insufficient contact to comment.

3.1.17 Are they reliable?

- Yes 76% (19)
- No 16% (4)
- Not answered 8% (2)

76% (19) of the sample said their FSW was reliable. A couple of the parents stated that if their FSW had not heard from them for a couple of weeks then the FSW would call to check that all was well.

16% (4) felt their FSW was unreliable with one person saying their FSW had made arrangements 3 or 4 times to call to her house but failed to arrive on each occasion.

A further 8% (2) had insufficient contact to comment.

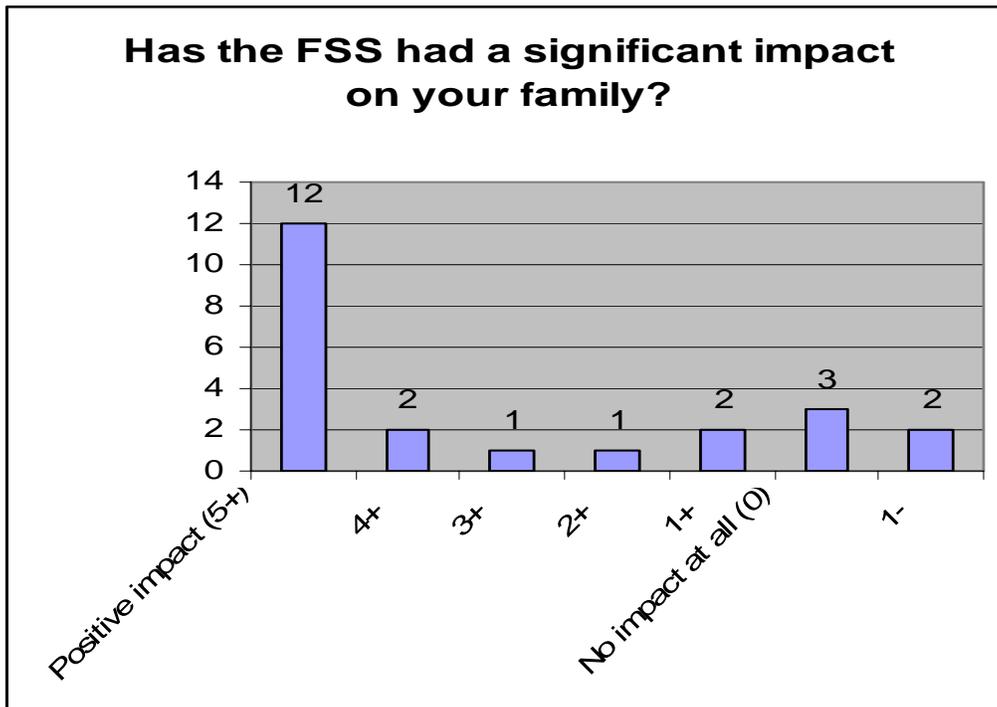
3.1.18 Has the FSS had a significant impact on your family?

- Yes 72% (18)
- No 28% (7)

72% (18) said yes they felt the FSS had had a significant impact on their family. Those parents who had had an excellent service thought that without the service their children would have suffered. 13% (3) stated they felt the service had had no impact at all on their family with a further 9% (2) saying it had had a negative impact. 3 parents who had said no impact felt that they had had so little contact, so far, that they were unable to comment.

The parents were asked to rate on a rating scale whether or not they felt the FSS had had a significant impact on their family. -1 to -5 represented a negative impact, 0 no impact and 1+ to 5+ a positive impact.

- 5+ 52% (12)
- 4+ 8 (2)
- 3+ 5 (1)
- 2+ 5 (1)
- 1+ 10% (2)
- 0 13% (3)
- -1 9% (2)



3.1.19 If you had not had a FSW what would you have missed out on that they provide?

- Access to support/help 32% (8)
- Childcare information/ provision 16% (4)
- Nothing 8% (2)
- Not sure; maybe I would go to someone else 8% (2)
- Money from benefits 8% (2)
- Welcome pack 4% (1)
- Being referred to agencies 4% (1)
- Everything 4% (1)

44% (11) of the sample did not answer the question. 32% (8) said they would have missed out on both the personal and emotional support which would have proven very difficult for them. 16% (4) appreciated the childcare provision and feel they would have missed out on the local facilities.

3.1.20 Have you found the FSW useful?

- Yes 76% (19)
- No 16% (4)
- Not answered 8% (2)

The parents were asked to rate on a rating scale whether or not they found their FSW useful. -1 to -5 represented no use, 0 ok and 1+ to 5+ as very useful.

- 5+ 44% (12)
- 4+ 12% (3)
- 3+ 12% (3)
- 1+ 4% (1)
- 0 8% (2)
- -2 8% (2)
- No answer 8% (2)

3.1.21 How valuable do you think the service was to you and your family?

The parents were asked to rate on a rating scale how valuable they thought the service was to them and their family? -1 to -5 represented not valuable at all, 0 OK and 1+ to 5+ as very valuable.

- 5+ 48% (12)
- 4+ 4% (1)
- 3+ 8% (2)
- 0 12% (3)
- -5 8% (2)
- No answer 20% (5)

3.1.22 Would you like more contact?

- Yes 48% (12)
- No 44% (11)
- Will contact FSW if I need to 4% (1)
- No answer 4% (1)

48% (12) would like more contact with their FSW. A further 4% (1) said they would contact their FSW if and when the need arises. 44% (11) felt they were receiving just the right amount of contact from their FSW.

3.1.22 Demographics

The following demographics is a fair representation of the diverse community of Easton. We estimated during that 76% of the parents interviewed came from the hard-to-reach groups and/or had serious issues.

They represented a good cross-section geographically of the Easton Sure Start area.

Gender

- Male 8% (2)
- Female 92% (23)

Ethnicity

- Asian 32% (8)
- White British 28% (7)
- Black British 12% (3)
- Black Caribbean 8% (2)
- Somali 8% (2)
- Other 8% (2)
- Black African 4% (1)

Marital Status

- Married 40% (10)
- Single 40% (10)
- Partnered 16% (4)
- Separated 4% (1)

Children's Ethnicity

- Asian 24% (6)
- Dual Heritage 20% (5)
- White British 20% (5)
- Black British 12% (3)
- Black African 8% (2)
- Somali 8% (2)
- Other 8% (2)

Do you work?

- No 80% (20)
- Yes 12% (3)
- Education 2% (2)

Age

- 21 - 30 52% (13)
- 31 - 40 40% (10)
- Under 20 8% (2)

3.2 Organisations

3.2.1 The sample

10 organisations were chosen by Sure Start as a sample of those the Family Support Service (FSS) work closely with. 1 organisation could not find the time to participate and they were replaced by another. Of the 10 organisations, 9 had received funding from Sure Start. All 10 people consulted are involved in providing services to children under four and their parents.

Three out of the 10 stated they had no real contact with the Family Support Service, but all of them thought there was a need for contact.

Of the 10 organisations:

- 3 had no contact or very little contact with the FSS
- 2 made referrals when needed
- 2 met every other month at meetings
- 3 made contact on a more regularly basis every month.

Most communicate with the FSS through the telephone, others at partnership meetings and at the Sure Start premises.

3.2.2 Summary of the interviews

80% of those organisations consulted indicated a general frustration when asked about the service. The 70% who understood what the FSS was aiming to provide felt it was a good idea but wanted to be able to link their parents into the service if they needed it. The lack of clarity and confidence that the service could deliver held some organisations back from recommending the service to parents. “If I had more information of what a Family Support Worker provides then I could pass on this information to our clients.” “If part of the service is supporting families into agencies then it would be good to know.”

When the organisations were asked what way the FSS contributes to supporting parents with children under four:

- 3 (30%) had a clear understanding of the FSS
- 4 (40%) had some understanding
- 3 (30%) had a lack of understanding.

40% of organisations indicated an understanding that Sure Start was under pressure with government targets changing and the general politics being

uncertain, but they felt it still did not excuse the lack of partnership working and the defensive attitude that some Sure Start staff portrayed.

There was also acknowledgement that the focus of the FSS may have changed since its conception, but they were not aware how it had changed. There was also acknowledgement that there had been some problems in the beginning where the parents were registered but there were insufficient FSWs to do the work.

Taken as a whole there was a lack of confidence in the service from all the providers, even where individual FSWs had managed to forge good relationships (just 3 organisations) there was still a lack of confidence in the overall service.

4 organisations had no evidence that the FSS was working on the ground. 6 organisations had some positive evidence, or feedback of FSWs helping parents.

4 organisations knew they had been given specific link workers but had rarely seen them and all felt the service provided by the individual link worker lacked consistency.

The links forged by the FSS with one of the local Health Centre's appeared to be particularly poor. The midwife had no knowledge of the service, nor did she have any Sure Start leaflets. The interview was therefore terminated and we went to speak to the health visitors. Of the 3 available just one felt they had a working knowledge of what the FSS provided and had linked with FSWs to do home visits. All three had referred clients to the FSS. One had been in the job for 8 months and had not spotted an FSW at a baby clinic. They would like have better links with the FSS, but were aware that they and the FSW's were busy people.

4 organisations thought the FSW's were reliable in terms of returning calls, following through appointments and actions. 6 could not comment "hard to say very little contact".

5 organisations did not feel able to comment on how useful the FSS was. Those who were able to comment rated the service on a scale where -5 was not useful, 0 equalled OK and +5 was very useful. Three rated the service positively (1 x +2, 2 x +4) and two gave the service a negative rating (1 x -2, 1 x -4). (One organisation split their rating between the FSWs and the service they felt management brought to the FSS.)

4 organisations felt they were unable to comment on how valuable the FSS was to parents. One was not asked as it was not relevant to them. Those who were able to comment rated the service on a scale where -5 was not valuable, 0 equalled OK and +5 was very valuable. 3 rated the service positively (1x +3, 1x + 4, 1x +5) and two gave the service a negative rating (1x -4, 1x -5). (One organisation split their rating between the FSWs and the service they felt management brought to the FSS.)

Two organisations had had some success at building up relationships with the FSS, however the evaluators observed that the organisations had worked hard at it themselves. These two organisations felt they had had successful results and would like the links maintained to support their parents in need.

Case-study

One organisation had worked at developing methods to link with the FSS to support what they were offering parents. Some aspects of this model may work for other organisations and could be used by the FSS to provide other organisations with a similar simple but clear system.

The organisation

- found out who all the FSWs were
- checked with the FSS to see which of their parents were registered
- knew with whom to liaise if any problems arose with parents registered
- encouraged parents who were not registered to register
- encouraged who FSWs to participate in their children's reviews, particularly if translation was needed
- encouraged FSWs to come in and meet parents informally to help in building up the trust in their relationships.

Additionally; the organisation suggested that when a family signed up, an FSW could come on the home visit, so that the parents could see the services working together.

3.2.3 The improvements recommended by organisations were:

- **Communication:**

All the organisations recommended improvements to communications at every level.

6 organisations had Sure Start leaflets and information, 4 had not. It was suggested that leaflets were needed which could be given out to parents to

inform them of the FSS. The current leaflets are not specifically promoting the FSS and are not designed for parents.

More contact where required or agreed and consistent contact with organisations.

- **Best Practice:**

Two organisations suggested there should be an opportunity to share good practice and information with their appointed FSW.

- **Linking parents in need to an FSW:**

60% would like the FSWs to link with some of their parents that they identified as being in need of additional support.

3.3 Family Support Workers

3.3.1 The Workshop

A workshop was held at the beginning of the evaluation. The purpose was:

- to provide the consultants with a better understanding of the service by meeting the staff at Sure Start
- to give the FSWs and other staff an opportunity to understand, contribute and support the evaluation.

The workshop was very helpful in setting out the parameters of the consultation. The first half of the workshop went well with all the staff usefully contributing to the purpose of the evaluation. One area which did not develop well in the workshop was the question of what the FSS actually delivers/ what the FSWs actually provide. As consultants we were not given a clear picture of the service through this exercise, nor were we able to gain a clear picture from written material.

Most of the Sure Start staff agreed to support the evaluation, and to provide the consultants with lists of clients from which the consultants would randomly select 30 to be contacted and interviews booked by the individual Family Support Workers.

The success of this process in the event was a little hit and miss: some FSWs managed to book their clients almost immediately, while others had less success. We have been unable to evaluate why some FSWs had no success in contacting their clients.

3.3.2 Interviews with a sample of Family Support Workers

Following the completion of parent and organisation interviews, the final part of the evaluation was to interview a sample of FSWs. The purpose was to gain a better understanding of what the FSWs thought they were delivering and to clarify issues raised through the consultation with parents and organisations. In total, 5 FSWs were consulted on an individual basis, 2 of the newer recruits and 3 who had been with the project from the beginning.

3.3.3 Communication with parents

It was found that all FSWs felt the work they were engaged in was important, making a difference to families and supporting them to give their children a better quality of life.

All were responding to their families' needs, and unlike the result in the workshop, all were clear about the work they were trying to achieve. However they all appeared to have a different emphasis on how and what they delivered depending partly on skills and experience.

They all felt confident in their ability to communicate with parents although some who were new to Bristol were finding themselves on a steep learning curve; partly because of the many different cultures, including the differences within racial groups.

Each individual FSW came from very different backgrounds and each had their own individual style in delivering the service.

3.3.4 Training and support

There have been 3 people involved in supporting individual FSWs, recently reduced to 2 giving each approximately 6 FSWs to support and monitor in terms of delivery, review the case load and any problems arising. This is done through formal one-to-one sessions, looking at case loads on a monthly basis, informal support on a need-to-know basis, with additional support available from other members of the team. 60% of the FSWs consulted indicated that they felt well-supported, while 40% had concerns about the support structure in place.

The FSWs that had been in post the longest had had external training on a number of areas, improving their skills and what they were able to offer parents. There were training areas not yet covered, such as child development, where they identified that they needed more knowledge and information.

The newer FSWs had had an induction, and had begun to go on external training. Their training was incomplete - for instance they had not received the 'how to brush teeth training', and therefore they were unaware of the need to do a demonstration when handing out the toothbrush pack. There was little training provided in-house, apart from the case-study sessions which they all found useful.

3.3.5 Individual FSW experience and skills identified by the FSWs

- Overcoming language barriers (4/5)
- Monitoring an evaluation (1/5)
- Experience of working with families (3/5)
- Understanding of the community in Easton (1/5)

3.3.6 Links with organisations

3 out of the 5 FSWs felt they had not provided a consistent service to their allocated link organisations. They indicated that they had a responsibility for liaising with that organisation. Some organisations were interviewed through the evaluation and they indicated that they had had little contact and it was inconsistent.

Relationships with link organisations had not been focused on. All FSWs found the question of relationships with organisations difficult to answer. Although some FSWs stated they had built up a relationship with an organisation, a few organisations we had interviewed did not indicate having a satisfactory link. Given that 3 have been in post for approximately a year, it would be expected that they would have built better links.

The FSWs had not visited all the childcare providers, 1 had not visited any, while another had visited 6. This means the FSWs will not be known to the providers by sight and they may not have sufficient working knowledge of the provision to convey to parents. This concern was voiced by several of the organisations interviewed. One FSW indicated that they did not make themselves known to the organisation in order to reduce the possible stigma a parent may feel using a FSW for support.

3.3.7 Informing parents with new babies of Sure Start

FSWs thought that they ensured parents with new-born babies were enrolled by capturing them at ante-natal classes, baby clinics, through health visitors and families already registered with their previous child. Through this evaluation we were made aware that due to other priorities, staff sickness/leave, case overload of parents already registered with high needs, these visits had not been taking place for many months.

3.3.8 Improvements suggested by FSWs

- More information from the Management Committee about where Sure Start is going
- More expertise in house of different subject areas i.e. housing, and health, for FSWs to call upon
- To support more families
- More work to be done networking with organisations
- More training: child development (2/5)

- More recognition of the role FSWs play in the community, and if stopped when off-duty by a parent it should be recognised as part of the job
- To listen to the needs of families that the FSWs bring back
- Need to keep up with what other services and agencies are providing to avoid duplication, and be able to effectively sign-post
- Give more individual training to Easton parents (2/5) (like the tooth brushing demonstration)
- Encouragement for FSWs to undertake personal development to enable them to work more effectively.

4 Family Support Service objectives and targets linked to findings

The FSS has been designed to play a part in fulfilling the following objectives and targets which have been copied from Sure Start documentation into the boxes below:

1. Improving the availability, accessibility, affordability and quality of childcare.

1.1 Target (PSA 1) – To reduce the proportion of children in households where no one is working.

1.2 Target (local) – To increase provision of good quality childcare that is appropriate to local need.

Through Commissioned Services

Through Parent Participation Workers at strategic level & Family Learning

Through Sure Start Worker

4.1 FSW had actively and successfully supported a number of parents to explore training (16%) and work options (24%). Overall, 20% had had help to get back to work or training. They had also supported parents to find appropriate childcare (40%).

Many of the childcare providers interviewed during the evaluation were able to actively support parents that FSWs identified as needing childcare because they had received funding through Sure Start and were therefore geared to receive additional children.

2. Improving Children's Ability to Learn.

2.1 Target (PSA 2A) – Increase the proportion of children with normal levels of communication & literacy at end of foundation stage.

2.2 Target (PSA 2B) - Increase the proportion of young children with satisfactory speech & language development at age 2.

2.3 Target (SDA 9) – Increase the use of libraries by families with young children aged 0 – 5.

Through commissioned services (Trinity Road Library, Bwerani Toy Library)

Through Speech & Language training for Sure Start Worker staff

Through some Family Learning (Parent Participation Workers)

4.2 The Toy Library has been funded by Sure Start to serve the Easton area. Bwerani felt that the support workers were distributing information for them among parents but there was no evidence from the sample of parents that the FSWs had introduced them to Bwerani Toy Library. Bwerani Toy Library had no evidence that a parent had been introduced by an FSW. In the future the Bwerani Toy Library had discussed with the Somali FSWs some collaboration to introduce the service to Somali groups.

All FSWs interviewed had received the Speech & Language training. Some FSWs had done the speech and language checks for National Sure Start.

Several families had been supported by the FSWs to have their child checked by a professional because they were worried about the speech development of their child.

Some limited family learning has been conducted by FSWs through the toothbrush pack, where parents are given a pack with a free tooth brush and tooth paste and shown the recommended method for brushing children's teeth through receiving.

3. Improving Social & Emotional Development.

3.1 Target (PSA3) – Increase the proportion of babies & young children aged 0 – 5 with normal levels of personal, social and emotional development for their age.

3.2 Target (SDA 20) – All families with new born babies will be visited in the first 2 months of the baby’s life and be given information about services & support available to them.

3.3 Target (local) – To ensure local services for children and families are accessible and inclusive.

Through some commissioned services.

Through Family Learning (Parent Participation Workers)

Through Sure Start worker team outreach visits.

Through networking & liaison with local service providers.

4.3 Of the 22 families interviewed who had support from FSWs (3 had not had sufficient contact with their FSW to comment); 18 (82%) felt the service had enabled them to support their children better.

A significant proportion (72%) of the 25 interviewed, indicated that the emotional and personal support given by their FSW had been highly valued.

There was evidence that not all families with new born babies had been visited. The method for enrolling all parents with a new baby not being automatic, but is seemingly ad hoc and dependent on the work load of the FSWs. There does not appear to be a process set up where, either through a midwife or health visitor, families get regularly registered. FSS do however receive referrals from families where the health visitors feel there is a need that a FSW could support the family.

Some networking and liaison was conducted by the FSS with local providers, but this was intermittent and often on an informal basis. There are many organisations providing services to which the FSWs will refer families. The evaluation did not look at whether the local services were accessible and inclusive. However, those visited through the evaluation appeared to be well-organised, accessible and inclusive, apart from one where the reception given by workers was intimidating.

4. Improving Health

- 4.1 Target (PSA 4)** – Achieve a 6 percent reduction in proportion of mothers who continue to smoke during pregnancy.
- 4.2 Target (SDA 11)** – Information & guidance on breastfeeding, nutrition, hygiene & safety will be made available to all families with young children in Sure Start Easton.
- 4.3 Target (SDA 12)** – Achieve a 10% reduction in the number of children aged 0 – 4 admitted to hospital as an emergency with gastro-enteritis, lower respiratory infections or severe injuries.
- 4.4 Target (SDA 13)** – Ante natal advice and support will be made available to all pregnant women and their families in Sure Start Easton.
- 4.5 Target (local)** – All families will have access to socially & culturally inclusive local health care services.

Through some commissioned services.

Through Family Learning (Parent Participation Workers)

Through Sure Start Worker team outreach visits.

Through joint training (capacity building) for Sure Start workers and other professionals in the community.

Through Sure Start worker team links with midwives & health visitors.

Through networking & liaison with local health providers.

4.4 Where families had indicated a need, FSW often provided information and support which would support the above targets.

Through this evaluation there was no evidence in our sample of parents that FSWs had been able to advise a parent on smoking, but we did not ask that question specifically and it did not come up in the open questions.

Some FSWs had received training on breastfeeding so that they were able to provide information on breastfeeding and refer parents to organisations which would be able to help with further information. Through this evaluation there was no evidence in our sample of parents that FSWs had been able to advise a parent on breastfeeding but we did not ask that question specifically and it did not come up in the open questions.

There was no evidence in this evaluation that nutrition, hygiene and safety was an area in which the FSWs had received training, or whether they had been able to support parents in these areas. Through this evaluation there

was no evidence that FSWs had been able to advise a parent on nutrition, or hygiene and safety issues but we did not ask those questions specifically and it did not come up in the open questions.

The interview with a midwife and a sample of health visitors at a local health centre indicated that the links and liaison were inadequate. The knowledge of the FSS by the midwife was zero. There were no Sure Start leaflets in her rack available to pregnant women. Although the health visitors were aware of the service and had made referrals they did not have a clear idea of what the service was about. Those FSWs who attended ante-natal classes/baby clinic did not know the staff running the classes or the clinic and had not built up a relationship with the staff.

Some FSWs may attend hospital and doctor appointments with residents if that level of support is needed. The language support provided by Charlotte Keel Health Centre had also been used to refer parents.

There was no further evidence through this evaluation of any liaison through the FSS with other local health providers.

5. Strengthening Families & Communities

5.1 Target (SDA 13) – Sure Start Easton will have effective links with Jobcentre Plus, local training providers and further/higher education institutions.

5.2 Target (local) – Develop clear mechanisms for representative parental participation in all aspects of Sure Start planning, management, delivery and review.

[Through Parent Participation links with education & training providers.](#)

[Through some Family Learning \(Parent Participation workers\)](#)

[Through Parent Participation initiative to involve parents in SSE.](#)

[Through Parent involvement in Local Evaluation.](#)

4.5 These targets were not specifically identified as the job of the FSWs. However, FSWs had provided support to those parents who needed guidance, childcare and training to enable them to go back to training or work after the birth of their child. Several parents have been supported by their FSW and introduced to local training providers and higher education institutes. This was valued highly by those parents which had used the FSS.

One parent out of our sample had also got involved in Parent Participation activities.

5 Conclusions

5.1 Summary

The FSS has been developed and running for just over one year, when the full compliment of staff settled in to their roles.

The FSS is a successful model for supporting parents with children under four. The service has evolved through providing individuals called FSWs to link with individual parents. The service is very responsive to parent need, which is why it is so successful.

Older parents appeared to use and need the support as much as younger parents. People who had lived in Easton for over 5 years, and had family and friends in the area often had different needs, but still had need for the support. Where people were new to the area they usually had more needs, as they had not a support structure and were in a new environment with the birth of their child/children.

The team of FSWs reflect the diversity of the community in many ways. The people living in Easton have very different needs and the FSS has tailored their delivery to support the variety of individual family's needs. This is a strength and the individuals, working as a team, are able to provide a wide range of support to the families who are most in need.

The FSWs indicated a real commitment to the service they were delivering. Each FSW however had a different style of delivery and often very different skills and experience to bring to bear upon the job. This is both a strength and a weakness; a lot of learning has been shared and individual experience has been transferred, but it does mean that the face of the service is not yet uniform. A problem is that a significant percentage of FSWs, like the population of Easton, appear to move on. We observed in our short time of conducting the evaluation, the following where out of the 14 part-time FSWs, 6 were no longer managing their case-load for the following reasons:

- maternity leave (2)
- long-term sickness (1)
- change of jobs within Sure Start (2)
- left to work else where (1).

The service therefore has an unusually high degree of change in the project team, with all the management and delivery difficulties that that must entail.

The FSS provide their registered parents with an opportunity to receive help on almost any issue that arises in their lives, and can be assisted through a supporting hand and careful direction to relevant agencies. It is a quiet discreet service which is perhaps why its successes are not shared with other organisations in Easton.

5.2 Communication with parents

Most parents felt comfortable with their FSW. 80% appreciated the help they had received and 72% particularly mentioned the emotional and personal support. FSWs have created a constructive environment; reassuring parents and making them feel well-supported in an individual, un-institutional way. This demonstrates the skill of the FSWs, especially when considering the following:

- Often the areas of need are identified by the parent but without the FSW support the parent would not have done anything about it.
- Less frequently the needs have been identified by FSW.
- Without their FSW approximately 36% of our sample would not have received the support from anywhere else which could have been detrimental to the family, particularly the development of the children under four.
- The needs identified by individual parents vary considerably. Some parents have multiple needs, others just one specific requirement. No one parent had the same pattern of needs or issues to be resolved.
- The level of need is also variable with some requiring weekly support during a specific crisis, while others need just basic signposting.
- Some FSWs have successfully coped with the varying needs and have measured the amount of support well, including what they need to do themselves, referral to other professionals and frequency of visits or telephone calls. From our sample 4 parents identified they had not received a good service.
- In all successful cases trust had been built up between the FSW and the parent. The bond between the individuals was very important for the parent. Where parents had had a change of support worker, in all cases but one, the relationship with the FSS had failed.

- Data collected from parents indicated some FSWs may not be providing the full service. We asked if this was because:
 - they do not have the necessary experience and/or skills
 - they do not have the necessary ability to empathise
 - there are gender/cultural issues between them and the parent
 - they are disorganised
 - they are under confident
 - they have not had the necessary training and support in the job
 - communication has broken down where there is a change in FSW.

As we were not doing an internal evaluation we were not able to address all these questions fully.

We observed that the current system is very reliant on the parent identifying a need and trusting their FSW to have the initiative to follow through. Although most FSWs do take the initiative and provide an excellent service, the system works best when both the FSW and the parent own the way forward and take it in turns to contact one another. Where the parent and FSW do not bond, or either are unsure of the way forward action does not take place at all. This does mean the parent and child/ren are not benefiting as they could be. A non-judgmental system needs to be put in place to support an FSW/parent when these problems arise.

In conclusion, the FSWs are good at communicating with their clients and dealing with a variety of needs and expectations, in what is a difficult job to balance.

However, 24% of parents did want more clarification on what the FSS provides.

5.3 Communication with organisations

There was little evidence through the evaluation of the parents and organisations of communication systems and procedures apart from the initial starter pack for new parents, a Sure Start leaflet and the Sure Start newsletters which only some parents and organisations had received.

Members of Sure Start management and organisations indicated a considerable lack of confidence in whether the FSS was working effectively, completely at odds with the appreciation and value the parents gave the project. This may indicate:

- insufficient support and monitoring is taking place
- poor communication.

All the organisations felt there was a general lack of inter-agency working indicating neither senior staff nor the FSW had had much success in communicating with organisations. In 3 cases some progress had been made but all the systems were being put in place by the organisation not by the FSS.

They all indicated that for FSS to really work it needed to:

- clearly link with other agencies providing services to their client group in the Easton area
- clarify what service they are offering parents so that organisations can feel confident in recommending the service to parents.

5.4 Training

Information collected from the interviews with parents and with the FSWs indicated that not all FSWs provided the same service. A simple example of this was that not all FSWs had received training on the tooth-brush pack and therefore not all parents were given that information as part of their starter pack.

The training provided in-house is currently limited to a new FSW induction programme and, on a continuous basis, as monthly case-study review days. The system appeared to work well for the sample of FSWs consulted, although the scope of their skills depended a lot on the skills and experience that they had brought with them until they had attended sufficient monthly case-study review days and embarked upon a series of external training days.

External training booked by the Team Leader was provided, but not all FSWs had been on all the training, nor did the newer members of the team have an understanding of what training may be available to them in the future. Some training was chosen specifically to support the particular needs of the individual FSW. Those who had been with the service for the year had been on a number of training courses which enabled them to understand and deal with issues they may come across in their work. Training had included: domestic violence, child protection, breastfeeding, abortion, conflict resolution, drugs, sexual health, accidents and incidents. Where FSWs had not had training they would not be offering the service, nor even know it was something other FSWs were able to provide, for instance, understanding how to support or signpost a client to deal with immigration issues, while other FSWs had provided that service.

There was little evidence of proactive initiatives led by the FSW. Those parents who were happy with the service felt in control of the service they received. When asked directly about a proactive initiative, such as a tooth-brushing demonstration, those who had received it remembered it.

To provide clarity to the service further training, at a number of levels for all staff, may prevent the current confusion from continuing and increase confidence all round.

6 Recommendations

6.1 Clarify the model

It is clear from those parents who received a good service from their FSW, a significant difference had been made to their family life and therefore the children by having a FSW. It is a successful model that needs some clarification at this point in its development in order not to lose through a lack of understanding what is working so well. With the pressure of government targets, management fears and the changing environment in Children's Services it is necessary to be clear about the FSS.

For instance the model has several unique features that were highly valued and we would recommend that these were not undermined.

The FSW:

- works with the parent providing support at the level they need, at the pace of the parent (including if necessary, and frequently it is, to pick the parent and child up and take them to the location of the agency/facility or service and as many times as was needed to instil confidence for the parent to participate)
- takes time and gains a parent's confidence (which can only be achieved with time)
- provides a non-judgmental approach
- provides an individual service
- has an understanding of a wide range of services and facilities to which they can signpost parents.

6.2 Improve Communications

Communications between parents and FSW was good overall, although some FSWs were more skilled than others.

In all successful cases trust had built up between the FSW and parent. Also, in many cases, the choice of FSW to reflect the parent's ethnicity or religion or both had worked. But where trust had not been established, due to individuals or other reasons, parents were not aware of how they could ask for a different FSW. Some literature and explanation is needed here.

Is there a need for more clarification on what parents can expect? While systems may need to be tightened to encourage parents to understand how to use the service and what they can expect, in order to make it easier to

evaluate when and how to distribute the service, it should be done in such a way that it does not jeopardise the trust built up by the FSW, which allows the parent to confide to the FSW on difficult issues such as domestic violence.

Communication between FSWs and organisations was poor overall. Communications between the FSS as a whole to both parents and organisations was very poor.

Therefore all aspects of communication need to be looked at. There is a job to be done to design a communications strategy.

6.2.1 Inter-Agency Working

Relationships with link organisations need to be improved as part of a communication strategy.

All FSWs need to visit all the childcare providers at least once a) to introduce themselves and b) to gather information so that they can make links and recommendations to parents. This should be done as part of their induction.

6.2.2 Public Relations

First impressions are all important.

All members of the FSS need to feel comfortable in presenting to a wide range of people the benefits of the service they are providing. Training is needed for all staff in explaining clearly and concisely what is on offer and how it works.

Make sure all organisations, particularly those who provide services to the main client group, receive information on staff, and a summary of their role, and are updated on changes as people leave or take on new responsibilities.

6.2.3 Promotional literature

A new leaflet is needed to present the FSS and what is available to parents, written in such a way that parents can identify why they might like to register. These need to be given to all link organisations, registered parents and FSWs to encourage all families with children under four to register.

6.2.4 Informing parents with new babies of Sure Start

A system to ensure all parents gain information on Sure Start needs to be set up. Build a relationship with the midwives so that all parents expecting a baby are given the information and are registered. It may not be an FSW that does the first visit in the first 2 months: information and links through Sure Start and the activities could be sent through the post in the first instant.

6.2.5 Newsletter

The excellent newsletter produced by parents needs to be printed in sufficient numbers so that everyone, including link organisations and parents get a copy.

6.2.6 Reports to committees, partnership meetings etc.

Where reports are prepared for meetings, try to focus on the facts. Where the data is not known, research it or put a system in place so that the data is easily available. Look for success and do not focus on the mistakes except to learn by them.

6.3 Training for Family Support Workers

Training for staff is not consistent at the moment. While this is not unusual in a young project, it is important that training becomes more uniform in the future. Now that the service has been running for a year it will have a better understanding of what is needed, and will be in a better position to develop a system and structure for all training and support that is available to staff.

6.3.1 Case load allocation

Although an individual support worker has a language in common with many on their case load, there is a need for the FSW's development to gain a understanding of the diverse community in Easton, so they can share this with their parents. It is therefore important that they are not always given a family from the same culture. This was identified as a need by the FSWs themselves.

6.3.2 Induction of new staff

The induction and training programme for all new staff needs to be designed to be implemented in the early stages of employment and there needs to be a careful review of all existing staff to ensure they have had the same levels of training and identify what their future training needs are.

All FSWs need to know what training is to be provided and when it will be made available.

It is acknowledged that a new recruit in their first 6 months of delivery is unlikely to be able to provide the same level of service as a more experienced FSW. Nor will have been able to go on all the necessary training, most of which is set up externally, therefore more measures need to be taken to ensure the service a new recruit give a parent is maximised. A solution to this would be to provide more in-house training.

6.3.3 In-house Training

It is recommended that more in-house training takes place, particularly important as so many staff are part-time and because of the high staff turnover. In-house training could be delivered by a nominated member of staff or someone employed specifically to do this.

New recruits need to have a better understanding of the breadth of their role, and to be able to have a better working knowledge of what services are available within the FSS as a whole.

The in-house training could also give all staff, particularly new FSWs further grounding on the basic issues which they may come across and the different options that are available to the FSW and client are.

- signpost client to another agency
- take client to another agency
- start the problem-solving process with the client to build up further confidence and assess the situation further
- provide non-judgmental support and see how situation develops.

Some training should and could be provided in-house, such as like the tooth brush exercise, and there may be other things that could be begun in-house and topped up later through external training.

In fact; there is scope here for other informal training initiatives for individual FSWs to provide to parents in their own home. In-house training could support the expansion of informal information that FSWs could give parents which would support parents' ability to support their child's development following the simple structure of the current tooth-brush training.

Case-study

It was observed for instance that some families and some cultures had no toys in sight and none available for the children who were listening during the interview. This may be because there is a lack of understanding by the parents of the role toys play as learning tools and supporting their child's development. There is a need for supporting parents who have no or little understanding of the importance of play and the role toys play in stimulating a child's development. One child care provider also felt it important that the parents were taught how to play with their children, that although the children might learn how to play at a childcare provider or nursery, it was important for the parent to learn too.

Also; some families struggle with discipline and boundaries, - this is another area where simple tools and techniques could be easily explained and would support the nutrition, hygiene and safety targets.

6.4 Further Evaluation

- Internal evaluation of systems and structures to verify what is working and areas for improvement
- Before deciding on whether to worry about the families who are not being reached by the FSWs, analysis a sample of unregistered parents to assess their need and/or why they are not using the FSS.