Havering Crossroads
The Link to Sure Start
An Evaluation Report

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About the authors

Anna Houston completed her first degree and studied for her Masters in Health Education addressing transcultural issues, public health, the European perspective on Primary Health Care and the ideal of health promotion in society. She worked in Health Visiting practice for eight years following periods in both general nursing and midwifery. During her health visiting career she undertook an additional management role of team leader. Anna has been involved in qualitative research since 1996, and worked full time as a researcher at King’s College London before her current position with Sure Start as Research and Equality Development Officer for Sure Start Hilldene and Gooshays and Sure Start Marks Gate in two London Boroughs. In her research career, she has been involved in a number of qualitative research projects, addressing community practice, needs assessment, public health nursing, health visiting, clinical governance, empowerment and managing change. In her current role she has completed research studies into partnership working and data management for Sure Start, access to services and innovation in service provision. The final phase of her three-year research programme in Sure Start focuses on the longitudinal impact of early intervention work on the local community.

Sharon Lockey left school in 1989 and enrolled on a vocational training care programme. After two years she had completed both the BTEC first certificate in Care as well as the in-house Social Care course. Study and placements allowed Sharon to develop skills that she would use in the intervening years in all aspects of caring. Sharon worked with the nursery age group, among adults with learning difficulties; she undertook care of the terminally ill and also worked in the area of elderly caring. Alongside this she learned the importance of administration and systems management. Sharon began working for Crossroads in 1997 and is proud of her role as a Care Support Worker in the voluntary sector organisation. Her role within the organisation has changed in recent times towards administration and office-based management duties, however Sharon still does hands on caring at weekends and evenings. One of the new roles Sharon undertook was the management of the Sure Start project within Crossroads. As well as this Sharon has responsibility for some aspects of the school holiday programmes run by Crossroads for children with special needs. Sharon has enjoyed the challenge of fundraising, organising the successful Ofsted registration for the after school club, as well as the successful Care Standards registration. She has also managed all of the Criminal Record Bureau checks for both Trustees and staff.

Paulette Broad completed her first management-training course, I.S.M the Institute of Supervisory Management in 1993, and followed this with an NVQ qualification at Level 4 in Management, and graduated from Luton University in 1994. She worked in production management in the car industry developing BSI and IS9000 registration standards, focussing on work in the field of computerised robotic production and implementation of computer testing procedures. She progressed to become Production Manager, in electronic component manufacturing in 1995 with responsibility for 250 staff. In 1996 she moved to the Civil Service as a Programme Co-ordinator. Working with 11 Job Centres across East London, the role involved the delivery of work programmes to the long term unemployed. She worked as Support Manager to other government initiatives; she trained as the Specialist District Manager in the delivery of New Deal in 1997. Paulette joined the London Borough of Havering, Hilldene and Gooshays Local Sure Start Programme in 2001 as the Management Support Officer. She is now the Programme Development Manager working with over 40 local projects, including Havering Crossroads. She became a Trustee of Havering Crossroads in 2002, a post she still holds today.
Foreword

As a Trustee of Havering Crossroads as well as a Sure Start ‘worker’ I have been in the unique and fortunate position of stepping between two worlds. In the voluntary sector world of Crossroads, cost efficiency is the watchword and value for money for the clients served. Supporting the forgotten in the invisible world of home caring and allowing respite from the burden of care is a crucial role in both protecting children as well as in supporting the mental health of parents. This small review of a selective element of Crossroads work (Sure Start clients) demonstrates what it means to clients to have the support, how they feel about losing it and how complex it is to introduce a service that is about enhancement and not replacement. This report offers a glimpse of partnership working, where two organisations worked closely to develop existing service provision. Crossroads staff completed the evaluation. It was part of their process of client service review. The client comments offer some insight into the client perception of the impact of Sure Start funded Crossroads support. Sure Start support has enabled an earlier Crossroads proactive opportunity to be offered to families in Hilldene and Gooshays that would in the past have been restricted by the limitations of previous service provision. The challenge now is to mainstream the positive effects of this enhancement beyond the boundary of the Sure Start area to the benefit of the wider community in Harold Hill.

Paulette Broad
1st February 2004
Acknowledgments

Special thanks are due to Cathy Verges, who in her role of Manager of Crossroads has managed to make a small Sure Start Crossroads budget go a very long way. The success of the venture is due in part to her effective management and dedication to the needs of the families served by Havering Crossroads.

Thanks are also due to Shazia Ullah (Sure Start Programme Manager 2001-2002) who first made contact with Havering Crossroads to address how Sure Start could become involved in respite support for children and families. To David Woodhull (Sure Start Programme Manager 2002- ) who has continued the partnership, dialogue and support of the venture.

Thanks to the Health Visitors at both Harold Hill and Harold Wood Clinics who make referrals to Havering Crossroads service and who continue in their support of the same families.

Lastly, special thanks are due to the service users of Havering Crossroads: to the parents who have given willingly of their comments, thoughts and photo images for inclusion in the publication of this report.
Summary

Crossroads is a National organisation. The Association has over twenty years expertise in care provision. The Association supports over 200 Crossroads Schemes, each of which provides flexible, reliable and personalised support to carers in their area. Havering Crossroads was founded in 1993 with a joint grant from Havering Council and Barking and Havering Health Authority. Crossroads – Caring for Carers aims to promote, offer, support and deliver high quality services for carers and people with care needs. Crossroads, by offering practical help and support, extends the length of time that families can care for their relative in the home setting. The service is client focused and has a flexible approach that provides a service that is suitable and convenient to the carer.

In the United Kingdom the Sure Start programme resources are particularly aimed at reducing inequalities, releasing communities from deprivation and offering new opportunities and improved life chances to children in those communities. In the field of special needs and beyond the importance of support for parents has been shown to be integral in helping families to manage. Early intervention is needed to prevent institutionalisation of children with special needs and to enhance the ability of families to meet the needs of those children. Families with children who have special needs are at greater risk of stress and its attendant negative effects on health. There is also a sizeable body of literature highlighting the influence of support for special needs on both family and personal wellbeing. In recent years defining outcomes for families with special needs has moved beyond a focus on the child with the disability towards a family focus. Families’ priorities and decisions should be respected, services and supports should be provided to help families to achieve their own goals and service systems should be designed to improve the capacity of children with special needs and their families to function in their own communities.

The aim of Crossroads work linked to Sure Start is i) to return some level of quality of life to users dealing with the special needs of pre-school children, ii) to make support to families an active process and iii) to put the family needs and their decision-making at the heart of the process. The criteria for the Sure Start Crossroads service was: an adult or child with a disability within the family unit and a child or children within the age range of 0-4 years within the Sure Start post-coded area.

This report was developed from Crossroads practitioners evaluating their own work with their Sure Start clients. Alongside this an element of cost-effectiveness was added as a positive evaluation tool in the review process. The costs and the comments, in table and narrative format, in this review cover a six month period. They include the difference in cost between parents caring for their child at home and some measure of the institutional care costs. The comparison addressed the difference between a private nursing agency that offered a good standard of respite care for special needs children and the Crossroads service. The result of this demonstrated that Crossroads was able to use their Sure Start project funding in a very cost-effective way and the comments from the families demonstrated that the clients valued the service that they received. The extra resource for some families has been the difference of being enabled to continue looking after their children at home.

This small evaluation of only the Sure Start element of the work of Crossroads demonstrates how the new referral system worked within the first six months of provision and shows what the families thought of the new service provision. There would not have been the resource within Crossroads to support, intensely, these families without Sure Start funding. The families, by their comments, highlight the anxiety of loss of the Sure
Start supported Crossroads resource. However it can seem unjust to put a service in place and then remove it at an age-based cut-off point even although the service is still required. This has posed a problem for Crossroads and Sure Start staff who must apply stringent rules to the funding process. In this report the ethical principles of autonomy, beneficence, non maleficence, and justice were called into play to explore and highlight this difficulty within the process.

A new issue has arisen as Sure Start becomes accepted, as a community organisation. This is the loss of the ‘enhancement’ of Sure Start support. That is to say that Sure Start should be extra to statutory provision. Some statutory agencies have regarded Sure Start as a cost-saving element to their own budgetary management rather than as an enhancement and addition that could be offered to the client. This often places Crossroads as a voluntary organisation in a difficult position in respect of advocacy for families in respect of services that are due to families with special needs.

This category of Crossroads supported intervention has been regarded as appropriate and helpful for both families and children, as evidenced by the families continued desire to receive the service. It has also been delivered in a very cost effective manner as the comparisons demonstrate.

This intervention has enhanced the family quality of life and most important of all it has enhanced a more optimistic view of the future for all the families involved.

Recommendation 1.
Based on the work reported here by Crossroads and Sure Start there is scope to develop a stronger working relationship between Social Services and Crossroads, who often support the same families. Regular support and communication meetings with all involved agencies would be beneficial to the families as they approach the ceiling of Sure Start additional respite support.

Recommendation 2.
Based on the cost effectiveness and the positive response from clients the Sure Start Local Programme should continue to support Crossroads and seek to address additional funding to develop the ‘Families in Crisis’ element of the project as part of the Sure Start commitment to special needs support in this valuable aspect of community provision.

Recommendation 3.
Funding or skilled staff should be sought to complete a needs assessment into special needs respite and support. This should address whether there are children in this age-range, in this area, with this type of need that is currently unmet.
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1. Crossroads a National Programme
Crossroads is a National organisation. The Association has over twenty years expertise in care provision. The Association supports over 200 Crossroads Schemes, each of which provides flexible, reliable and personalised support to carers in their area. The range of care services provided varies according to funding and local carers’ needs. The following care services are currently provided by one or more Crossroads schemes in England or Wales: domiciliary care, palliative care, 24 hour emergency respite care, day centres, drop-in centres for people with care needs, moving and handling training for carers to promote back care, helplines, work with ethnic minorities, holiday respite care, night care and befriending. Many centres offer young carer respite care and support for children with disabilities as well as respite care for those who care for family members with Alzheimer’s Disease.

1.1 Havering Crossroads: an autonomous structure
Havering Crossroads was founded in 1993 with a joint grant from Havering Council and Barking and Havering Health Authority. Crossroads – Caring for Carers aims to promote, offer, support and deliver high quality services for carers and people with care needs. It has a particular role in the support of parents of children who are disabled or who have special needs. In order to do this work Crossroads provides, paid, trained Care Support Workers to help in the home or on trips outside the home.
Havering Crossroads is affiliated to the National Crossroads scheme but is an autonomous organisation with its own management committee. This independent structure ensures that the service provision meets the unique needs of the local population. Crossroads works in a multi-agency way with other statutory and voluntary providers in the local area.
Crossroads with its particular service approach can relieve some of the stress and anxiety experienced by people who are in a caring role. In many ways it is a preventive service because it relieves the pressure on families coping with a caring burden.
Crossroads, by offering practical help and support, extends the length of time that families can care for their relative in the home setting. The service is client focused and has a flexible approach to provide a service that is suitable and convenient to the carer.

2. Working with Sure Start
Sure Start, (Department of Education and Employment 1999) the programme, designed to tackle the roots of disadvantage and inequity, is part of the Labour government’s priority on inequality policy to prevent social exclusion (Roberts 2000) by focusing resources and support at the start of life.
Sure Start the Programme is requested by government to focus on local need and to work in partnership. There are now 524 Sure Start programmes nationally. Each programme must fulfil standardised government commitments (Houston 2003) in reducing inequalities.
In the United Kingdom the Sure Start programme resources are particularly aimed at reducing inequalities, releasing communities from deprivation and offering new opportunities and improved life chances to children in those communities. Targeting children in the pre-school age range in a specific population that is low income is ‘based on the premise that the stressful familial and extra familial environment in which low-income families live poses inherent threats to both infants’ and parents’ well-being and development’ (Halpern 1990)
3. The Importance of Social Support

In the field of special needs and beyond the importance of support for parents has been shown to be integral in helping families to manage. Personal social networks have been defined as people living outside the household who engage in activities and exchanges that affect the family members (Cochran and Niego 1995 cited in Osofsky and Thompson 2000). These social networks have been shown to improve health outcomes for mothers (Oakley et al 1994) who undertake the bulk of caring in society. Members of a social network can offer support to a parent through accepting childcare responsibilities, giving childcare advice or offering encouragement (Osofsky and Thompson 2000). A wider aspect of the role of social networks involves offering material assistance and often role modelling. Input of an element of support can often outweigh feelings of stress. Parents with support structures in place have a more nurturing and positive approach to their children (Oakley et al 1994).

Early intervention is needed to prevent institutionalisation of children with special needs and to enhance the ability of families to meet the needs of those children (Turnbull 1989). A study of the meaning of social support to a group of middle class women (who did not have special infant needs) demonstrated the importance of network size in mediating less perceived difficulty in helping the child to develop social skills. Alongside this supportive connections promoted greater feelings of well-being, self efficacy and positive feelings toward their child (Melson 1993). This is especially important when you consider that families caring for children with special needs showed evidence of considerable levels of stress (Bailey 1988). Parents of children with special needs feel isolated and depressed over their situation (Fitzgerald et al 1990). Families with children who have special needs are at greater risk of stress and its attendant negative effects on health (Bailey 1988). In many cases, as this analysis shows, there is a need for families to have particular support such as help with behavioural management, or respite from caring.

Social support has been defined as (Dunst et al 1994,)

‘the emotional psychological, affiliative, informational, instrumental, or material aid and assistance provided by personal social network members that influence the behaviour of the recipient of the help or advice in a positive manner’ (Dunst et al 1994 p105).

Refining the concept of support into five major dimensions (Dunst et al 1994) suggest these are:

- Relational support, the support received by the number of people in your personal social circle
- Structural support, frequency of contact with support members, nearness or physical proximity to the social network
- Constitutional support, the match between the kinds of support needed and the type of support offered
- Functional support, the type quality and quantity of support provided by network members
- Support satisfaction, the extent to which the support provided by network members is regarded as useful and helpful

Dunst et al (1994) suggest that social support is an environmental variable and that informal rather than formal support shows the strongest link to positive outcomes because the mutual caring, and personal interaction that is key to this type of support,
within the network, influences the positive effects generated. They suggest that professional support must mirror informal support structures in order to be beneficial.

There is also a sizeable literature reviewed by Dunst et al (1986) highlighting the influence of support for special needs on both family and personal wellbeing. For children with special needs Dunst et al (1986) discuss the buffering effect of support for parents in alleviating the stress of continual care of a special needs child. Their research (into parents of pre-school children with special needs) showed that children were more likely to make developmental progress if their parents had supportive social networks. Parents with support reported that their children experienced fewer physical limitations, were more socially acceptable to others and had less behavioural difficulty. In a study by Stallard and Lenton (1992) 43% of parents when asked about satisfaction of service provision stated that they did not receive enough support and 32% said that professionals failed to understand their concerns. A community based pre-adoptive programme for children with special needs in the USA demonstrated that parents were concerned about many of the things that concern parents of non-special needs children: child development and education, health problems and behavioural problems, however these families regarded support structures as an important component of their life (Kramer and Houston 1999). In recent years defining outcomes for families with special needs has moved beyond a focus on the child with the disability towards a family focus. Park et al (2003) highlight principles for working in a family focused way:

- families’ priorities and decisions should be respected
- services and supports should be provided to help families to achieve their own goals
- service systems should be designed to improve the capacity of children with special needs and their families to function in their own communities

A similar set of principles was suggested by (Harbin et al 2000) with holism and empowerment at its centre. They suggested in their review of changes to service provision in the USA that families less readily accepted service provision built on a ‘paternalistic’ professional control model. This change is analysed by Turnbull et al (2000) in their discussion of ‘power-over’ relationships where the professional has a dominant role and exerts control over the decision-making, communication and control of resources. Family - centred partnerships are called ‘power with’ relationships between providers and family members and there is a strong recognition of the value and knowledge that each brings to the situation. The ultimate decision-making is the responsibility of the family with collaborative determination of issues being a shared experience between the provider and the family. Developing a further stage on this continuum leads to a concept called ‘power-through’ relationships where power is transmuted to a capacity rather than a control. The authors believe that more resources can be generated in this model because it is an open model where all partners work together synergistically developing a high degree of openness, responsiveness, dignity and personal empowerment for all involved (Turnbull et al 2000).

Developing a theme for contemporary family needs, Park et al (2003) define family quality of life as conditions where family needs are met and the family is able to enjoy family life where they have the ability to do, together, the things that are important to them.

As well as the child’s needs parents of children with special needs have many unmet health and social needs themselves, particularly if they belong to an ethnic minority population where their social exclusion is compounded by their child’s disability, many parental needs go unrecognised by statutory agencies (Gatford 2001).

The aim of Crossroads work linked to Sure Start is i) to return some level of quality of life to users dealing with the special needs of pre-school children, ii) to make support to families an active process and iii) to put the family needs and their decision-making at
the heart of the process. The aim of family support programmes as posited by Dunst et al (1994) is ‘to enable and empower people by enhancing and promoting individual and family capabilities that support and strengthen family functioning’ p50.

4. Sure Start a new service link in the referral system: Multi agency working: Sure Start, Crossroads

Sure Start contacted Crossroads in January 2002 (Hilldene and Gooshays Local Programme) with a request to set up service provision for future Sure Start referral. The criteria for the service was: an adult or child with a disability within the family unit and a child or children within the age range of 0-4 years within the Sure Start post-coded area. Two families, existing clients, met these criteria on commencement of this new service provision. These families were re-assessed by the service and were offered additional Sure Start hours of support. Four further referrals were received from health visitors and the team designated to take on Sure Start work within Crossroads completed assessments on these families who were offered Sure Start supported services. One family, a single mother whose child was terminally ill, couldn’t relax or leave the child with the Crossroads carer. She felt that another family could benefit from the service and she withdrew. It was made clear that further contact from the mother would be welcomed to the service in the future. A second family withdrew from the service when the mother with the disability felt that she was coping well on a day-to-day basis. Currently there are four Sure Start supported families.

Table 1. Sure Start supported services

<table>
<thead>
<tr>
<th>Code</th>
<th>Age</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>956</td>
<td>4 years</td>
<td>Autism</td>
</tr>
<tr>
<td>951</td>
<td>4 years</td>
<td>Autism</td>
</tr>
<tr>
<td>955</td>
<td>10 months</td>
<td>Autism</td>
</tr>
<tr>
<td>952</td>
<td>20 months</td>
<td>Cystic Fibrosis</td>
</tr>
</tbody>
</table>

The hours offered to this new element of working were set in a flexible frame from 8am – 8pm Monday to Friday. Evening hours were 8pm -11pm and weekend hours 7am -11pm.

4.1 Making a Difference with Sure Start/Crossroads Provision

This report was developed from the ideal of practitioners reviewing their work and evaluating by asking clients using the Crossroads/Sure Start services what they felt about the help and support they were receiving. The number of clients assisted was small. This was expected because of the bounded, Sure Start post-coded area. For instance clients in the appropriate age group but who lived in the nearby Heaton area would not be eligible for the service. It was confined to the Hilldene and Gooshays electoral wards only. In demonstrating the value of the service where the numbers were very small it was useful to present an examination of some element of the costings alongside the vocal value placed on the service provision by the clients served. To that end a very small grant apportioned to Crossroads from Sure Start has been broken down into its component parts to allow a view of the practical elements of how a service works, and what it is able to deliver to clients. Ultimately it is presented here to demonstrate what can be achieved with a relatively small funding grant.

4.2 Addressing cost effectiveness in service provision

Assessing the relative cost effectiveness of a service is regarded as a positive evaluation tool encouraged by government (Meadows 2001) as a necessary part of good practice. Looking at cost and service provision has already become a feature within this local Sure Start programme (Houston and Fordham 2003). Cost effectiveness as formative evaluation has been deemed as an imperative in all Sure Start programmes (Meadows 2001). The innovative use of a high level of resource within this type of
community based initiative, must be tracked in depth to demonstrate i) fiscal probity ii) effective output from the government funded financial outlay, this is often referred to as a ‘best value’ approach. Promoting the government line of encouraging communitarian principles and deploying resources that reduce the dependency culture adds to the necessity to show the evidence on efficient use of resources (Knapp and Lowin 1998).

Table 2. Crossroads: expenditure for six months

<table>
<thead>
<tr>
<th></th>
<th>Quarter 1</th>
<th>Quarter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sure Start</td>
<td>3,105.00</td>
<td>3,105.00</td>
</tr>
<tr>
<td>Total</td>
<td>3,105.00</td>
<td>3,105.00</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>2,122.39</td>
<td>2,122.39</td>
</tr>
<tr>
<td>Employers N I</td>
<td>254.69</td>
<td>254.69</td>
</tr>
<tr>
<td>Telephone</td>
<td>47.92</td>
<td>47.92</td>
</tr>
<tr>
<td>Stationery</td>
<td>60.00</td>
<td>60.00</td>
</tr>
<tr>
<td>Postage</td>
<td>40.00</td>
<td>40.00</td>
</tr>
<tr>
<td>Printing</td>
<td>45.00</td>
<td>45.00</td>
</tr>
<tr>
<td>Training</td>
<td>105.00</td>
<td>105.00</td>
</tr>
<tr>
<td>Travel</td>
<td>410.00</td>
<td>410.00</td>
</tr>
<tr>
<td>Publicity</td>
<td>20.00</td>
<td>20.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,105.00</td>
<td>3,105.00</td>
</tr>
</tbody>
</table>

Sculper (2001) described economic evaluation as a set of analytic tools to assess alternate ways of allocating limited resources. Economic evaluation is a comparative exercise, addressing value for money of one type of intervention compared to another. It is about comparing and evaluating options in terms of both costs and consequences seeking value for money as an outcome.

Table 2. highlights the cost of the Crossroads/Sure Start focused service over a period of six months. Table 3. is a study of the four families who used the service in this six month period. This is based on the practitioner home-based review of the service. Using the family’s code number the practitioner reflected on the type of hours of service input with the cost of the service. The practitioner offered an outcome review of this provision based on the interaction with the client and finally under the heading of consequences the practitioner highlights her own thoughts regarding the service provided.

4.3 Additional Funding
As part of the development work associated with Sure Start funding, Crossroads applied and received additional funding support. This was called ‘Families in Crisis’ funding. It enabled Crossroads to put in place emergency support to families who had special needs. An example of this flexible service was when families receiving basic hours had some additional weekend respite hours or evening hours added, in the short-term, to the hours already agreed. The focus of this type of support is wholeheartedly about primary prevention where the ideal is to put intensive support into the family at an early point in time before large unsolvable more expensive problems arise. In essence it is the cheaper ‘fence at the top of the cliff’ approach rather than the expensive ‘ambulance waiting at the bottom of the cliff’ tactic towards prevention.

Table 3. Input, Cost and Output of New Service Provision

<table>
<thead>
<tr>
<th>Ref No.</th>
<th>Hours/month</th>
<th>Cost/ month</th>
<th>Outcome</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>956</td>
<td>8hrs basic</td>
<td>£69.28</td>
<td>Service going well. Youngest child</td>
<td>Family have relied</td>
</tr>
</tbody>
</table>
4hrs w/end £47.80 will grow out of the resource age group in August, Sure Start will withdraw funding

951 12 hrs w/end £143.40 Alternate weekends + extra member of staff, child had unpredictable behaviour. Sure Start withdraw funding August

955 12 hrs basic £103.92 Three hours per week. Child has an outing in the community, (go to the park see the ducks, MacDonald’s for tea)

952 12 hrs basic 8 hrs eve 18 hrs weekend £103.92 £ 69.28 £215.10 Limited social service help for single mum with two special needs children. Extra service given (Family in Crisis Fund) to this family as the stress experienced by the mother was apparent

<table>
<thead>
<tr>
<th>Family code</th>
<th>Hours</th>
<th>Basic Hourly Rate</th>
<th>Evening Rate</th>
<th>Weekend Rate</th>
<th>Agency Fee</th>
<th>Total/ month</th>
</tr>
</thead>
<tbody>
<tr>
<td>952</td>
<td>12 hrs=£228</td>
<td>8 hours=£168</td>
<td>18 hours=£450</td>
<td>17%=£143.82</td>
<td>£989.82</td>
<td>£2119.14</td>
</tr>
<tr>
<td>956</td>
<td>8 hours=£152</td>
<td>4 hours=£100</td>
<td>17%=£107.95</td>
<td>£359.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>951</td>
<td>12 hours=£300</td>
<td></td>
<td>17%=£153.00</td>
<td>£453.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>955</td>
<td>12 hours=£228, 17%=£ 88.37</td>
<td></td>
<td>£316.37</td>
<td>£752.70</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.4 Comments from the Families (taken from their review evaluation form)
These comments from parents were taken (with client permission) from the official Crossroads management evaluation and review that is completed on a regular basis with every Crossroads client including the Sure Start families. The comments highlight the importance the families placed on the support offered from Crossroads and Sure
Start. Both of these organisations became strong links in the families support structure with parents who used Crossroads referring to staff as ‘like a member of the family’ ‘like a grandmother’.

Ref No: 956
When I first got the Sure Start funding, I was very low and was having a hard time with my daughter who has Autism. Crossroads came in and gave me the time and support I needed to pick myself up. The girls are very supportive and with regular contact they were more like friends, which helped me gain more confidence in myself. I am worried that when the Sure Start funding stops I will not be able to cope and go back to how I was.

Ref No: 951
We already had Social Services funding but with the Sure Start funding we decided that using the hours at the weekend would be really beneficial. For the last month, Crossroads have used extra Sure Start hours to increase having two members of staff. This was because it was thought that our son who has autism was becoming too much of a handful to be out with just one person. So now he has two staff taking him out which reduces the risk for his safety. He was starting to grab sweets and drinks from the café and running off. Or he would grab items from other people adults or children. With two people watching him this can be avoided.

[This level of staffing was available through the Sure Start - Families in Crisis funding]

Ref No: 955
We have a daughter with autism and also have a younger daughter who was born around 10 months ago. We have Crossroads for 3 hours per week when they take our daughter out. This gave us the time to spend some quality time with our other daughter. This is made very difficult when our other daughter is around as she is very demanding for our attention and needs constant supervision.

Ref No: 952
Sure Start and Crossroads has been a lifeline for me. I am coping well with the support that I am receiving. I am worried if it has to be reduced or eventually when the service has to stop. This concerns me as I am not sure if I could cope as my children are deteriorating, needing more medication and it has been difficult with their behaviour problems. Social services only help with one child providing me with three hours per week, which is not enough. I think this should have stopped by now [social service help] as it was put in place so I could attend a course, which has now stopped. Crossroads has put in as many hours as possible to help me, which has been great and it has really helped me to sort myself out during this difficult part of my life. Without the input they have put in with us I cannot say if we would be together as a family unit.

This last comment from family number 952 highlights the extreme pressure felt by some families who care for children with particular and very special needs. The cost of extra care in the home setting is less than institutional care (Table 6). This table (6) offers a very conservative view of the cost of care. The figures available were for children without the particular needs highlighted in the cases presented here. The cost of special needs institutional support was not available. The financial impact of institutional care of children with special needs depends on the specific need. However, personal communication from experienced commissioning personnel suggests that the cost of this type of specialised institutional care would be in the region of £3,000 per week.
Table 6.
Cost of caring: Havering Borough from Performance Assessment Indicator Data

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Cost (per unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Home</td>
<td>£776 gross per week</td>
</tr>
<tr>
<td>Foster Care</td>
<td>£306 gross per week</td>
</tr>
<tr>
<td>Home Help</td>
<td>£10.40 per hour</td>
</tr>
</tbody>
</table>


5. Discussion

This small evaluation of only the Sure Start element of the much larger work carried out by Crossroads demonstrates how the new referral system worked within the first six months of provision and shows in a small way what the families thought of the new service provision. There would not have been the resource to support these families in the way and to the extent that they have been supported prior to the introduction of the Sure Start funding stream. The families, by their comments, are only to well aware of that fact and highlight the anxiety of loss of the new resource as they develop a reliance on the new system. The ethical considerations trouble all service providers.

Crossroads staff members are clear about the difference that they have seen in the families using the new funding. The extra resource for some families has been the difference of being enabled to continue looking after their children at home. The positive benefit of the service provision for these four families is undeniable at this point. For Crossroads the challenge remains: how to mainstream the enhanced care outwards beyond the Sure Start area and how to manage the cut-off period of funding when the child reaches school-age? Beyond this there is always the complexity of sourcing available funding for voluntary sector provision.

As we move towards new methods of service delivery (Children’s Centres and Children’s Trusts) Developing a multi-agency strategy may be one way forward in solving this difficult issue.

This small evaluation of only the Sure Start element of the work of Crossroads demonstrates how the new referral system worked within the first six months of provision and shows in a small way what the families thought of the new service provision. There would not have been the resource within Crossroads to support, intensely, these families without Sure Start funding.

The families, by their comments, highlight the anxiety of loss of the Sure Start supported Crossroads resource. The principle that people’s lives and their fundamental interests are of equal value and therefore must be given equal weight has some force here (Harris 1988). The difficulties of working in Partnership with Sure Start are associated with the ending of the funding at 4 years. This creates difficulties for the families who grow to rely on the support and resource of Crossroads. The four principles of ethics postulated by Beauchamp and Childress (1989): autonomy, beneficence, non maleficence and justice are called into play in the examination of the Crossroads dilemma,

- Autonomy: The clients have the ability to refer themselves into and out of the service, meeting the principle of self-determination
- Beneficence: is an obligation to help others to further their own interests; staff offer working hours of respite support to families, that fit with the family’s needs and wants
- Non maleficence: to do no harm, staff are trained and work to a high standard of respite care-giving to support and help families
• Justice: the urge to consider the fair distribution of benefits balanced against the first three principles of autonomy, beneficence, non maleficence

This final ethical principle creates the greatest hurdle for staff and clients alike. It can seem unjust to put a service of support into place and then remove it at an age-based cut off point even although the service is still needed. The service offers families with special needs children the opportunity of a semblance of normal life; the question remains is this benefit removed with the service at 4 years of age? Is it worse to have never had the additional support or to have had even short respite using Sure Start funds to ease the struggle and the burden of caring, always knowing that the resource is short term? Staff who work with the families know that they are making a difference through information from clients at regular evaluation visits and the additional written comments from clients. However, the framework of time-limited caring that is entered into by Crossroads and Sure Start is an obstacle to the client’s continued growth and development because of the anxiety over the future loss of the service that is deemed, by clients, to be making a difference to their lives. Clients worry over the loss of the gains made.

For Sure Start and Crossroads staff, there is the struggle over the seeming injustice of stringent application of the rules. In a principle-based philosophy of ethics this could be called immoral. However, against this view society already provides universal access to a basic level of care and so what comes into question is the rationing of the ‘extra’ or enhanced service provision. Ultimately using Consequentialism as a philosophical base, only the families who have used the service and come to the end of the Sure Start time-boundary having experienced the loss of the provision can be the judge of whether the consequences of having the provision ‘produced more benefits than disadvantages’ (Seedhouse 1988).

Dealing with the ethical issue of stopping the support at a given ‘age-based’ cut-off point has been a challenge for Crossroads. Crossroads try to maintain a support structure once it has been put in place, and attempt to continue some level of support to the family once the Sure Start funding is finished. However it often cannot be maintained at the Sure Start level of intensity due to the financial constraints of sharing a limited resource. There are important implications for this in terms of mainstreaming this type of Sure Start work. In respect of two families with children growing out of the defined age group, losing the Sure Start funding was anxiety provoking. Both of these families had support maintained in a reduced fashion by Social Services but only after Crossroads had been a vociferous advocate on behalf of and with the families for the maintenance of the support. Both of these families had minimal Social Services help at the outset so they were not ignored by the system, however Crossroads assessment and care demonstrated that the initial support was less than optimal for the families. This placed Crossroads personnel in a new type of role of advocacy for information giving to families regarding their entitlement to service provision. It also places and continues to place Social Services in a difficult situation of budgeting for the ‘support shortfall’ when Sure Start funding is lost at the age-range ceiling of 4 years.

Working strictly with postcode area boundaries has raised a further ethical dilemma. For example one client temporarily moved outside of the area, but Crossroads and Sure Start took the ‘moral’ decision to maintain the service in the interim whilst the family waited to be moved back into the postcode area. Following the rules would have meant completely disengaging from that family and then re-engaging once they returned to the area. This would have been unethical, uncaring and the parent involved has stated many times that so crucial is the service to her family, that she would not have survived if the service had been withdrawn.
A new issue as Sure Start is becoming accepted and used readily by other agencies is the loss of the enhancement of Sure Start support. That is to say that Sure Start should be extra to statutory provision. Recently in respect of multi-agency working, Sure Start resource is becoming regarded as ‘enough for families’. Familiarity with the Sure Start aspect of the provision can mean that it loses its power of enhancement of provision and becomes an ‘instead of’ type of service. This was never the intention or aim of Sure Start provision. Sure Start must always enhance existing services in the community with it’s ‘additionality’ principle. This is very clearly what has occurred in the partnership example here with Crossroads providing extra support alongside health visiting and social service input. However, some statutory agencies have regarded Sure Start as a cost-saving element to their own budgetary management rather than as an enhancement and addition that could be offered to the client. This often places Crossroads as a voluntary organisation in a difficult position in respect of advocacy for families in respect of services that are due to families with special needs.

6. Conclusion
This report demonstrates how a voluntary agency, working with Sure Start has used a relatively small amount of funding to support families with special needs children in the 0-4 age group. All the families referred into the service, who have used the service, have regarded this resource positively. By their own accounts the service has made a difference to the families coping mechanisms. For some of the families the Sure Start funding for Crossroads has allowed the families to spend time with their other children who do not have special needs but are often starved of parental attention by parents who have to prioritise and meet the needs of the child with the disability. This type of interaction has allowed enhanced development and interaction between the non-disabled members of the family and the parents, this is a positive proactive additional outcome of the service provision.
Overall this reflective exercise addressing the use of Sure Start funding has been shown to be beneficial to both Crossroads and Sure Start. However the complexities and challenge of using this type of resource are often not straight forward or easily understood. This category of Sure Start supported Crossroads intervention has been regarded as appropriate and helpful for both families and children, as evidenced by the families continued desire to receive the service. It has also been delivered in a very cost effective manner as the comparisons demonstrate.
This intervention has enhanced the family quality of life and most important of all it has enhanced a more optimistic view of the future for all the families involved.

Recommendation 1.
Based on the work reported here by Crossroads and Sure Start there is scope to develop a stronger working relationship with Social Services, who also offer support to these same families. This would be beneficial to the families as they approach the ceiling of Sure Start additional respite support.

Recommendation 2.
Based on the cost effectiveness and the positive response from clients the Sure Start Local Programme should continue to support Crossroads and seek to address additional funding as part of their commitment to special needs support in this valuable aspect of community provision.
Recommendation 3.
Since Crossroads staff have highlighted that Sure Start funding has opened the door to earlier respite support of families, funding or skilled staff should be sought to complete a needs assessment exercise into special needs respite and support. This should address whether there are children in this age-range in this area with this type of need that is currently unmet.
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