Maltby Sure Start

Spotlight Project
Evaluation
Family Workers

April 2003
Introduction .................................................................................. 1
Methodology .................................................................................. 2
An overall picture ........................................................................... 4
Service Evaluation .......................................................................... 8
Cost of service ................................................................................ 8
Integration into Sure Start Partnership ............................................ 10
Strategically ................................................................................. 10
Operational partnerships ............................................................ 11
Ensuring co-ordinated packages of care for local families ......... 11
Working within the partnership .................................................... 12
Referral processes ........................................................................ 12
Inter-agency working ................................................................... 13
Service Quality .............................................................................. 13
Satisfaction with services ............................................................ 14
Table Two: Parental satisfaction levels ....................................... 14
Impact ............................................................................................ 15
Table Three: Provider and partner perspectives on
programme impact for parents ................................................ 17
Introduction

Four services were ‘spotlighted’ by the Sure Start Maltby partnership for individual evaluation, as part of the wider Sure Start evaluation. These services are family work, family work, the family workers and Home-start services.

This report focuses on the service evaluation of the community based family work service, as it relates to the provision of services to Sure Start Maltby families. Specifically, the evaluation explores:

- service quality
- cost issues
- how well the service works with other agencies
- how the service promotes the role of, and involvement of local parents and
- whether these support the achievement of Sure Start objectives and key principles

What this evaluation report concludes is that the family work provides a cost-effective service that delivers a diverse range of services that is much appreciated by and regarded as high quality by local families and involves local families in design and delivery. The diversity of service provision results in varied take-up levels that result in some services being extended or cancelled. This may suggest benefit to undertaking some demand testing, in partnership with other providers, prior to establishment. However, the commitment and willingness to take chances in response to parental suggestion and then redesign or close on the basis of experience is welcome and arguably is such a demand testing mechanism.

There is some evidence of impact from the family workers, but necessarily to gain a proper insight will require a medium to longer-term investigative approach. At a strategic level, this is fundamentally important given concerns about the extent to which there is sufficient staffing locally to deal with child protection issues.
Methodology

The evaluation of the family work service was conducted on a number of dimensions:

1) Degree of integration into the wider Sure Start partnership
2) Efficacy of partnership working with other agencies
3) Success in involving the community and parents in design and delivery of services
4) Overall quality of services and the extent to which services meet user needs and expectations
5) Cost indicators for services

To gain an understanding of the service on these dimensions, the evaluation involved various levels of analysis.

In terms of 1-4, we undertook background and desk-top research, qualitative and quantitative analysis of data and a focus group with health visitors, and questionnaire analysis and interviews with agencies that make referrals to the family work service.

A variety of evaluation methodologies have been employed and include:

- **Focus group with family team members** (14th February 2003) A 2 hour focus group was held with the three family workers.

- **Client aspect** (December-February 2003) 20 parents provided satisfaction ratings about the family worker and 21 parents provided satisfaction ratings about the family support worker through the peer based evaluation methodology employed as part of the wider evaluation of Sure Start Maltby.

- **External Agencies** (January and March 2003) External agencies were asked to provide details about their sense of the quality of the service provided by the family work service to Sure Start Maltby families, with this approach augmented through a focus group with the health visitors as part of their spotlighted evaluations.
In terms of 5, some conclusions have been drawn on the basis of unit cost analysis was undertaken by using the basic unit cost model which deduces what the average cost of a contact by reference to the total Sure Start contribution, using the average number of families supported in a given week. To enable comparison of unit costs for the purposes of assessing cost effectiveness, the following unit costs are provided:

- Family support workers studied as part of Unit Costs of Health and Social Care 2001\(^1\), albeit with an inflation uplift assumption of 4% year on year in the costs of these workers

- A comparison vis-à-vis Home-start Maltby and NCH family support services, provided in another Sure Start area with a similar demographic and cultural profile

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\(^1\) PSRRU, *Unit Costs of Health and Social Care 2001*
An overall picture

The Sure Start Maltby family workers comprise three staff, Vanessa, Toni and Libby. The family workers also link closely with two parent link workers.

The family workers provide a range of services, incorporating:

- Caseload provision of 1:1 family support. In February, there were 17 families receiving 1:1 support.
  
  The referral sources are predominantly through health visiting and midwifery, although as a result of word of mouth, parents are self-referring. An initial one-two hour assessment visit is undertaken with the parent/s, and targets are set and agreed by the family and worker.

  The casework incorporates highly varied services, incorporating listening visits, routine and boundary setting, sleep patterns, support to appointments, money management, toilet training, learning through play as part of child development, and behaviour management. The family workers also have sought monies to enable the purchase of essential furniture for some of their families.

  The degree of support that any one family receives is highly variable. In one case, a family was receiving support four times per week, which has since reduced to weekly support. In another case, ‘the case was closed and then a few months later came back.’

- Deliver a range of groups and one-off sessions, often in partnership with other service providers such as the health visitors, STEPS, speech and language therapist and midwives, addressing issues relevant to parenting and child development, including the needs of children with additional needs. These have included through 2002/03:

  - Interactive Play (5 x 2 hour sessions, at which 10 parents initially attended although numbers dwindled over time)

  - Play ‘n’ Praise (8 x 2 hour sessions about child behaviour delivered in-conjunction with STEPS, at which 6 families initially attended and by the end there were 4 families)
- Relationship/Play (12 x 1.5 hour sessions about attachment and bonding for four mothers where there are attachment difficulties delivered in-conjunction with STEPS, Home-start and health visitors. These are dual sessions in which children and mothers undertake activities independently and then are reunited for activities together. These joint activities expand on the improvements in attachment over the sessions, so move, for example, from pass the parcel to ring a ring rosie to face painting. Mothers are only able to miss a maximum of two sessions. However, this has not happened.

- Baby massage. A group has been established, with two family workers trained in infant massage. Health visitors are also involved with the group targeted at mothers with post natal-depression. Initially, 12 parents came. However, only seven are allowed to attend due to space restrictions at Blyth Road.

- Multiple Birth group (which has since stopped). At the suggestion of local parents through the Community Interest Reference Group, a fortnightly drop in was offered to those parents with multiple births through October-December. Three parents would attend and following consultation with parents, the group was cancelled and some information resources purchased that could support parents with multiple births.

- In February, began a children with disabilities support group, in conjunction with physiotherapists.

- The family workers supported the twice-weekly parent and toddlers group, that from September the parent link workers began co-ordinating. The group has been very successful beginning with 3-4 parents and then growing to 12-15 and now has about 20-30 parents in regular attendance.

- The family workers initially supported the new mums group, which has since become parent led. The new mums group involved about 9 mothers that participated in Baby Talk.

One-off sessions have included:

- A promotional day and session in local church rooms about employment opportunities in childcare as part of National Childcare week where three local mothers attended, linking with the Benefits Agency, Rother Valley College and the Children’s Information Service.
The Car Seat Safety Event in summer 2002, where the family workers linked with the Car Seat Journey Centre in Rotherham to promote car seat safety awareness and accident prevention and enabled 40 cars to be checked for appropriate car seat safety, including 'one young dad on the way to the maternity hospital. He got the car seat fixed right just before the birth of his baby.’

Two weaning parties, delivered in-conjunction with the food worker and health visitors. These are intended to continue through 2003/04 and enable awareness raising and support to about 6-8 parents each session (including 2 fathers) about the stages of infant weaning, as well as providing an opportunity to prepare food together and have fun.

A series of activities through the summer and at Christmas for families.

Deliver classes such as the Baby Doll project that commenced in October, where family workers deliver a weekly class at Maltby Comprehensive to help address teenage pregnancy issues, and also have started doing some additional sessions with those at high risk.

Facilitate sessions that bring together multiple agencies working with individual families to enable greater clarity amongst providers of the service packages received by families.

Twice delivering the Basic Skills Agency funded Family Learning Programme that aims to:

- enhance the language skills of children aged to 3
- build attachment between parents and children
- build confidence and self esteem of parents
- teach parents ways of talking, playing and listening to their children

This incorporates three distinct elements: Baby Talk, a 10 x 2.5 hours course that began with 16 parents and ended up with 9 (who have since taken leadership of the new mums groups); Small Talk; and Talk Together. These programmes are delivered in-conjunction with the health visitors and the speech and language therapist.

The family workers also offer support to three local community associations, attending their meetings as a mechanism for information sharing and to promote Sure Start Maltby.
The family workers are also helping the process of identifying and supporting volunteers. Six parents have been identified to date, with the family workers identifying this as a key priority area for 2003/04, looking at delivering a 6 week series of taster sessions in volunteering.
Service Evaluation

Cost of service

In the case of the family workers, this is somewhat difficult to determine, as a result of the great range of services on offer by the family workers. Typical family support workers are unlikely to deliver such an extraordinary range of services to local families, tending to be more focussed on 1:1 casework approaches, supplemented with some specific targeted group sessions.

*Unit Costs of Health and Social Care 2001* identifies that on average about 59% of the time of family workers involves direct contact with clients, while the remaining time is liaising with other agencies (13%), travelling (14%), staff development (5%) and administration and other (9%). On this basis, the average cost of a family worker *generally* is £31.36 for a contact hour and £18.20 for a basic hour (inclusive of overheads and their training costs and 4% inflation uplift assumptions). Removing the impact of overheads, the contact hour cost is £24.96 and the basic hour cost is £14.49.

Using similar ratios for the family workers at Sure Start Maltby and 60% of the Sure Start Maltby revenue contribution for the family team, the Sure Start Maltby family workers are £16.36 per contact hour and £10.29 for a basic hour. This is about 34% cheaper than the average contact hour cost for family support workers and 29% cheaper than the average basic hour cost of family support workers generally.

Using comparisons with other family support services, including Home-start at Maltby and a NCH family support service in another Sure Start area, which has a similar demographic profile, the Maltby family workers appear to provide very good value for money.

<table>
<thead>
<tr>
<th>Family workers Maltby</th>
<th>Home-start Maltby</th>
<th>NCH family support (anon)</th>
<th>FSW (Unit costs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.36</td>
<td>30.76</td>
<td>15.07</td>
<td>24.96</td>
</tr>
</tbody>
</table>

A couple of points to note:

- It is immediately evident that the wages/ salaries of Sure Start Maltby family workers are much less than the *national* averages for
similar roles (more than £20k nationally, while an average of about £15.8k at Maltby). This differential impacts markedly on the unit costs

- The 59% ratio for direct client contact probably holds (give or take 10% for the family workers). However, they are likely to spend more than 5% of their time on staff development than family support workers generally (having undertaken a range of courses through 2002/03, for example, as it relates to baby massage, domestic violence, Webster-Stratton and Early Start facilitators).

Conversely, the Sure Start Maltby family workers are likely to spend much less than 14% of their time on travel, given the benefits of working within a defined geographical area.
Integration into Sure Start Partnership

The extent to which the Maltby family work service is integrated into the Sure Start Partnership has been determined by reference to strategic and operational dimensions.

Strategically

Strategically, there is representation of family work at a Management Board level within Sure Start Maltby through the programme manager. Arguably, the involvement of Social Services also provides a source of representation given the expectation that the more preventative nature of the Sure Start Maltby family support service is likely in the medium term to result in reduced casework for Social Services.

Given the critical nature of family work services within the Maltby programme and on the delivery of programme targets, this is most welcome, particularly given rising levels of re-registration on the child protection register within the relevant age groups in the Maltby area.

The extent to which in the medium to longer term, the preventative nature of the services offered by the family workers make a difference in this regard will require detailed understanding, in considering the extent to which such services should be mainstreamed into the day to day practice of organisations, such as Social Services.

However, in discussions with family workers and also with health visitors, concerns have been raised about:

- the extent to which Social Services is providing sufficient staffing coverage to the Maltby area to deal with child protection issues and also,

- the extent to which family workers have had child protection cases referred to them for interventions, although the workers noted that this practice is reducing.
Operational partnerships

Ensuring co-ordinated packages of care for local families

Sure Start has successfully established more effective partnership working between agencies in the Maltby area. This is highlighted in the wider evaluation report. Standardised procedures have been implemented (such as referral forms and providers’ forum) and informal networks of communication have been established.

Family workers attend the providers’ forum and also call on an ad hoc basis multi-agency meetings to enable effective co-ordination of service packages for clients. The family workers also undertake joint visits and service offerings with other providers. For example, there is one family where the family worker provides services to the child, while Home-start helps the mother.

The family workers have also started in January 2003, a six weekly drop in, where amongst other activities, they advise health visitors, who attend for about 30 minutes, what they are offering individual families and issues that are coming to their attention. Family workers identify that this might improve, if consistent policies and procedures across the Sure Start Maltby partnership were developed about confidentiality requirements and training was then offered to all service providers.

Family workers note that they would like to get more feedback from health visitors about the families’ needs from the health visitor perspective.

As noted in the evaluation report about health visiting, some Sure Start programmes:

- Such as Sure Start Ore Valley, have relatively formal ‘case conference’ type approaches for dealing with multi-agency provision to local families, as a mechanism for ensuring that there is appropriate co-ordination and that families receive the appropriate package of care that meets the continuum of their needs.

- Other programmes have a Community Team Leader, such as Sure Start Copenhagen and Sure Start Holloway, that act as single points of co-ordination across the range of agencies that might deliver services to a single family.
Sure Start Maltby could explore the appropriateness of such mechanisms for their area to help build understanding amongst providers about what services are offered to families and to ensure that the full continuum of needs are being addressed in ways that are efficient and promote understanding amongst providers.

Working within the partnership

Referral processes

The family workers are pivotal members of the Sure Start Maltby team and offer a wide range of services outside the traditional approaches of family support workers. As at February 2003, the family workers are offering caseload services to 17 families and there are no waiting lists for services. Prior to Christmas, there had been a waiting list of four, with about a three-four week waiting time for services, with the family workers prioritising cases on the basis of urgency.

As identified, referrals predominantly come from health visitors, midwives and through self-referral, which is an increasingly popular source of referral and must be regarded as a positive comment on the perceived quality of services offered by the family workers.

When family workers receive a referral, they generally write to the referring agency and the family to advise them of when the initial assessment will take place and/or how they long they may need to wait for services. This is a very good practice and one that is respected by other service providers. This approach could potentially be rolled out amongst all service providers.

The family workers consider that most of the referrals they receive are appropriate, albeit noting that Social Services has made inappropriate referrals of child protection cases. As discussed, this practice is reducing as the awareness of Social Services improves about the work of Sure Start Maltby.

As it relates to making or receiving referrals to other agencies, the family workers note that this works very well with the Maltby speech and language therapist, Home-start and the food worker. The family workers identify that they would like improvement as it relates to referral processes with:

- STEPS where a different referral process is used and there is no feedback about when appointments are made (although they note that the service quality is high), and
Dearne Valley Dads where the service has been patchy. ‘One father got no input, while the other got immediate support.’

Inter-agency working

The family workers undertake considerable work collaboratively with other providers both in terms of project design and delivery, including the Relationship/Play sessions, the children with a disabilities support group, baby massage classes, Play ‘n’ Praise, the Family Learning Programme, and the one-off sessions such as the weaning parties, the car safety event and the promotional activities for parents that may have an interest in childcare work. There is a concern, however, expressed by family workers that ‘we get dumped on by others’ in terms of taking responsibility for organisation.

Health visitors identify that lots of groups are being set up, without necessarily there being sufficient demand, such as the multiple births group (that was subsequently cancelled). Health visitors noted that the family workers should try and involve them more in the planning of sessions and also to ensure that if ‘they change the dates and venues’ they should ensure that all health visitors know of these changes.

A good practice that was identified in terms of inter-agency working, emerged within the context of the Family Learning programme, where health visitors provided lists of all parents in a given area and then outreach work was undertaken involving leaflet drops, telephone calls and door knocking. While it has proved difficult to recruit parents, there have been some real successes in recruiting teenage mothers to the Family Learning programme. In terms of delivery, multi-agency planning and delivery takes place.

Service Quality
Satisfaction with services

Within the parent-led survey of local parents, 22 local parents provided their view of the degree of satisfaction with the family work service, with most parents identifying that they were ‘Very Satisfied’ or ‘Quite Satisfied’.

Table Two: Parental satisfaction levels

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>9</td>
</tr>
<tr>
<td>Quite satisfied</td>
<td>8</td>
</tr>
<tr>
<td>Satisfied</td>
<td>4</td>
</tr>
<tr>
<td>Unsatisfied</td>
<td>1</td>
</tr>
</tbody>
</table>

On a subsequent question about ‘favourite’ support services, family workers were the most commonly cited as favourite. While constituting just 5% of the survey population, citations for family worker made up around half of suggestions for favourite support service.

Parents provided the following thoughts about the family workers:

- Family worker because she is right down to earth and easy to talk to.
- Had advice through family worker.
- Family worker, helps with any advice needed.
- Sure start family support worker as I know they are there for support for me and my family.
- Family workers are just great for advice and help.
- Family support worker. Libby is great at her job

Parents offered no negative comments.
The family workers also ensure that they actively seek out parental involvement in design and delivery of services. As noted through this report, many of the groups offered arose from parental suggestions and the family workers set targets with families in their 1:1 work. Moreover, the family workers regularly evaluate the groups and one-off events they provide both in terms of acquiring knowledge from a client perspective and from their own perspective, needing to identify what is successful, what are the challenges, how effective multi-agency working is and what conclusions can be drawn.

Local service providers also identified that, on the basis of their professional judgement and feedback from their clients, that the Sure Start Maltby family workers provide a service of ‘good’ quality on a scale of ‘very good’, ‘good’ or ‘requiring improvement.’

Impact

As identified, the extent to which in the medium to longer term, the preventative nature of the services offered by the family workers make a difference in terms of ‘hard outcome’ areas such as child protection re-registrations will require particularly detailed analysis over time.

However, in talking with the family workers, there are some excellent examples of making a difference. Testimony to the commitment of the family workers, these examples were also offered as areas that they thought were best about the programme. These include:

- **A woman with post natal depression and three children that we initially visited four times per week. The twins are now coming up to one and the woman is now working and we catch up with her only about once a week.**

- **A lady with a learning disability and did not initially want any help at all. After accessing one service she then asked for help and her development over the last six months has been great. She is now accessing a number of groups and Social Services has backed off.**

Family workers also note that from their perspective there has been a shift in the primary needs of families that they help, indicating also another impact as the Sure Start Maltby service has embedded itself within the local community. The original primary need was getting families to access services. As families have taken up services, the key need is depression that they say about 80% of the mothers that they provide services to have experience of, whether clinical or otherwise. If Sure Start Maltby can offer training to service providers in this respect, there is considerable scope in making a difference on this front.
The family workers note in terms of some of their key priority areas for action in 2003/04 and as areas for improvement in 2002/03 that ways of making an impact are likely to be in:

- **Increasing the amount of promotion we do, whether door knocking, leaflets and personal invites.**

- **Working to engage harder to reach populations, which include those from some of the estates we work less with and also teenage parents.**

- **Improving communication and information sharing between providers, so that we all know more about what we can offer families…..Also improving team working.**

- **Addressing the need for premises. We have had to reduce the number of mothers that attend baby massage because of too small premises which is really disappointing.**

Partners and providers were also asked to identify the extent to which they, in their professional judgement and experience, believe that Sure Start Maltby is making a positive impact on the development, health and well being of local babies, children and parents. They were also asked about how, in their professional judgement and experience, they believe that this compares to non-Sure Start ways of service delivery. The impact of family support is an area that providers and partners feel is delivering positive outcomes especially to parents.

I have bolded several areas that are certainly predominantly areas of focus for the family workers, as compared with other providers, and in all three cases, the outcomes identified are excellent. (of course other outcome areas family workers will also impact on and the outcome areas highlighted, other providers will also impact on)
### Table Three: Provider and partner perspectives on programme impact for parents

<table>
<thead>
<tr>
<th>Outcome/ opportunity</th>
<th>Much better (&gt;5%)</th>
<th>Little better (&lt;5%)</th>
<th>About same</th>
<th>Lower</th>
<th>Don't have a view</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents having a better relationship with their child</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Parents have more self-confidence</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Increased breastfeeding</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Reduced post natal depression</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td><strong>Parenting skills</strong></td>
<td><strong>13</strong></td>
<td><strong>3</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td>Parents smoke less</td>
<td>8</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Mothers smoking less during pregnancy</td>
<td>6</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Parents attending appointments</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Lower drug/ alcohol misuse</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Parents accessing more services</td>
<td>12</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Parents taking up training</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Parents taking up benefits</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>