An Evaluation of Family Support in Sure Start Cambridge Areas

Phase 1: How families experience support, how it is delivered, and how to evaluate in future...

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Summary

This is the first report of the family support evaluation at Sure Start Cambridge. It describes the context of family support at the programme, and aims to advise on the process of delivering family support in the coming years, in particular by consulting with parents and carers on their experiences in the past and their hopes for the future. It also compares the provision as it stands now with wider research on what is effective.

As the first report, it proposes a framework for future evaluation to provide evidence for new family support work undertaken at Sure Start Cambridge. As Sure Start draws to a close in the coming years, it has been written particularly with the future development of children’s centres in mind.

The research uncovered a range of family support activities, all of which were welcomed and valued by the families using them. Families described tangible improvements in their lives and showed appreciation for the help they received.

When the support that families had experienced was compared against a model of what they described as wanting or needing, and what research describes as most effective, there were some gaps. These were in the provision of additional help in reducing the risk factors around their families, such as low income, poor housing or social factors in families.

Some issues also emerged about how support was targeted and structured. This is described in full in chapter 7 and summarised in chapter 8.

Thank you to all parents, workers and colleagues who helped in the course of this research.
1: Introduction and Background

Sure Start Cambridge is a 5th round local programme working in two separate wards in the city of Cambridge; Abbey and Kings Hedges. Sure Start Cambridge has prioritised the provision of “family support” in its service delivery, and this uses a substantial proportion of the programme’s resources (40% of expenditure in 2004/05). Family Support Work in the programme is broadly overseen by the Well-Being Working Group.

In the original delivery plan, outreach and home visiting was to be delivered much as it had been in the past, with the capacity of existing providers being supported by Sure Start Cambridge funding, all be it with a new emphasis on partnership working. Issues had arisen however about repetition of work, information sharing and in particular the capacity to reach out to all families needing support in the areas, including those who have not found it easy to access services.

Sure Start Cambridge is now developing a new approach to family support in the area, where existing agencies are linked as part of a multi-agency home visiting team, to deliver support through a unified referral system. This coincides with the development of Child and Family Nurses’ role as care planners: in future, Child and Family Nurses will take the lead in assessing families in need of support, and coordinating and reviewing a care plan.

Sure Start Cambridge has appointed a Home Visiting Coordinator to oversee the new home visiting project. The model is that all referrals for home visits to families in the areas will come to the Sure Start home visiting team, which will comprise of a group of workers from a range of services, along with a seconded social worker. The aim of the team is to support and enable parents to strengthen their relationships with their children through programmes of care. The rationale is to be able to offer a wider range of services to families, to target work effectively, to share information, and to coordinate the work better.

These two factors (the high resources devoted to this work and the innovative nature of the project) suggested family support as an area to focus evaluation on. With children’s centres planned in the areas, there is a need to establish an evidence base for the future.
2: Research Questions

The aims of the research have developed and grown as the work continued and new research questions emerged. The project was to explore current wider research on the provision of family support, particularly in a preventative model, in the context of Sure Start local programmes. This would provide a body of material for the programme, and also inform the long-term evaluation of the new provision.

The term “family support” is used widely within the programme and in the early years sector generally, but can mean different activities to different people. The research would need to negotiate a shared definition on which to base future evaluation. This would prioritise the opinions of parents and carers, to involve them as partners in the service. The definition would be a tool both for services and for future evaluation.

The central aim of the research was to understand families’ experiences of the support they had received so far. In particular this would focus on the issues the home visiting team would be aiming to address: the availability of appropriate support, joint working between agencies, and reaching all families that need support. The research would explore how families felt they could best be supported, what their priorities were, and compare their experiences against a model of effective ways of working drawn from family interviews and the literature search.

An important part of the delivery of family support is the way services are targeted. The research aimed to explore this, so as to find out in what ways work was targeted, and how this process was seen by workers and families.

The last aim of the research was to establish an appropriate set of methods and tools to evaluate the effectiveness of the home visiting team and its impact in the areas. For this, the research needs shifted as it became clear that an integrated approach across Sure Start, Health and Social Services to evaluating and tracking family support would be helpful. As a result, this research aimed to suggest methods that were applicable outside of the Sure Start Cambridge areas as well as within them.
3: Methods

The following methods were used in this research:-

3.1 Literature Search
To look for syntheses of research on what works in supporting families, a web-based search led to key papers which provided further links.

3.2 Worker Interviews
A range of workers took part in interviews. Initially, key people in the programme and in some outside agencies were interviewed to understand the local context and to explore research methods. These interviews were informal, and brief notes were kept.

Following this, all workers who would potentially be part of the home visiting team, and their line managers were interviewed, in a semi-structured format. These interviews covered the worker’s perceptions of how their work was targeted, what the expected outcomes were, and which elements of their service they felt were successful (see appendix 1).

This second set of worker interviews were recorded and transcribed.

3.3 Family Interviews
The study used a purposeful theoretical sampling method: people nominated themselves, or were invited to be interviewed, and were selected if:

- They had some experience of using family support services above the level of universal service, i.e. they were or had been a family in need of support.

- They were willing and able to talk.

This method was used because the research needed to reach people who were “experts” to uncover issues, but did not aim to make statistically “safe” conclusions about a population as a whole. They were contacted via introduction by workers, approach at drop-ins, responding to an advertisement in the Sure Start Bullet-in, or introduction by a friend. Families who took part in a full interview were recompensed with a £10 shopping voucher. The target was to reach 12 families.

The interviews were of a semi-structured format, covering the experiences of the family, the extent to which they felt support services had worked well together, the elements of support they had valued and what they found difficult. The interview also enquired specifically about issues of information sharing (see appendix 2).
Interviews were recorded and transcribed. The scripts were then systematically scanned to search for themes and issues (inductive thematic analysis).

3.4 Group Discussions
2 group discussions were held to consult on the evaluation. One was at the Sure Start Cambridge Well-being Working Group, and the other the Sure Start Cambridge New Mums Group (there was no one in this group who was also interviewed). In both, the issues of the research were discussed in an informal way, and key themes were recorded.

3.5 Data Analysis
Sure Start Cambridge has a robust data collection and analysis capacity, and activity attendance and family data was used to explore issues, in particular with respect to the targeting of services and intensity of support offered.

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<td>• Consideration has been given to the dignity, rights, safety and well-being of people taking part in this research.</td>
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<td>• Parents/Carers who have taken part have ‘opted in’, and have been under no pressure to do so.</td>
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<td>• All parents, carers and workers have freely given explicit and informed consent to take part.</td>
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<td>• Parents, Carers and Workers have been given, prior to taking part, clear information about the research process, the methods of storing information, the future use of the information, and what they can expect from further support and information. This was given verbally, and with parents/carers, also in an additional information sheet.</td>
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<td>• The researcher has endeavoured to minimise the effects of the research on families, by avoiding distress, embarrassment or anxiety, and by referring requests for support and advice quickly and appropriately to other agencies.</td>
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<td>• Recompense has been offered to parents/carers who were interviewed, but payment was not used to induce people to risk harm beyond that which they risk without payment in their day-to-day lives.</td>
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<td>• Information given by parents/carers was held securely, and without the name or address attached. If referrals were made for support or advice, this was with the consent of parents/carers. This report contains information which has been anonymised, in some cases by changing family details.</td>
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4: Literature Search; What Works in Family Support?

Sure Start sets as part of its core brief the aim of “promoting the physical, intellectual and social development of babies and young children—particularly those who are disadvantaged, so that they can flourish at home, when they get to school and during later life” (2004). Within this statement are two key ideas:

- that social and emotional development is key in promoting the future life chances of children, and

- that Sure Start local programmes have a role in tackling disadvantage, in part by targeting of resources.

Both these ideas are central to the family support role of a Sure Start local programme. Sure Start local programmes aim to achieve their targets of increasing numbers of children with normal levels of social and emotional development (see appendix 3 for target in full) often through preventative work. By offering family support when a child is perceived to be at risk of not achieving normal levels of social and emotional development, later difficulties can be avoided.

4.1 The Case for Preventative Work

When early intervention work was first developed over 40 years ago, the main aim was to raise intellectual achievement in children. In the short term, this certainly was achieved, but there was a tendency for these effects to fade over time. The evidence is mixed on whether it is possible to make them permanent. In terms of social behaviour however, there is growing evidence that early intervention can generate permanent changes. Crane (2003) looked at a range of major studies in the United States, and found that the largest impact was on serious crime. In all of the studies that included cost-benefit analysis, benefit exceeded cost, and often very substantially. This strengthens the case that by investing early in families who are at risk, both individuals and society can benefit.

The positive effects of spending time and resources in preventative work in the early years can be hard to quantify, especially within the short life of a Sure Start programme. A Sure Start programme can and should expect positive results for the families it has supported within a few years, but the cost effectiveness of the work may not be apparent within the life of the programme. There are, however, well-established facts that support the case for the prevention of mental health problems in children:

- Psychiatric disorder has been clearly demonstrated in young children: up to 1 in 5 of 3 year-olds in a study in inner London had mild to severe disorders. (Richman 1975)

- It is estimated that 60-70% of children and adolescents who experience clinically significant difficulties have not had appropriate interventions at a sufficiently early age.
• Scott and colleagues (2001) found that the costs for the use of public services (even without private, voluntary agency, indirect and personal costs) by age 28, of children who had been identified with conduct disorder at age ten, were 10 times higher than for those with no problems, and 3.5 times higher than for those with less severe conduct problems.

The basis of preventative work is to be able to reduce risk and strengthen protective factors, (risk factors are considered in detail in chapter 7) to improve the outcomes for children at risk of a disorder. The potential benefits are high and are seen to outweigh the costs. Thinking specifically about the idea of “infant mental health” (see definition below), which under-pins a child’s ability to grow and develop, has allowed researchers to consider which ways of working are effective.

4.2 What works?

Kurtz (2003) summarised currently available evidence on the effectiveness of preventative and early intervention programmes and service approaches, and the implications for Sure Start programmes. She argued that child mental health is central to the aims of a Sure Start programme, and described it in infants as:

- A capacity to enter into and sustain mutually satisfying personal relationships;
- Continuing progression of psychological development;
- An ability to play and to learn so that attainments are appropriate for age and intellectual level;
- A developing moral sense of right and wrong;
- The degree of psychological distress and maladaptive behaviour being within normal limits for the child’s age and context (NHS Health Advisory Service, 1995)

This interpretation is reflected in the Every Child Matters inspection criteria.

She looked at the nature of interventions that “worked” in that they improved outcomes for children. From this she identified the following set of characteristics of effective programmes:

- Work which simultaneously focuses on the system or context within which the child lives (e.g. School, community, family), as well as on the child, are more likely to be successful than work which focuses on the child alone.
- Prevention programmes focused on first-time mothers are particularly effective.
- The more comprehensive a piece of work can be, the more likely it is to be effective.
- The more attention an individual child receives, the greater the likelihood of positive effects.
- More intensive interventions produce better outcomes.
• Interventions that begin early, including those beginning in late pregnancy, are likely to have better effects.
• The impact of short-term interventions rapidly dissipates.
• Input that involves the children’s families are more likely to be effective.
• Manualised structured programmes are more effective than unstructured ones.
• If staff are rigorously supervised they are more likely to be effective.

In summary, effective programmes are:
“Focussed, highly structured, proactive programmes targeting risk factors rather than problem behaviours.” Kurtz 2003

4.3 How is this useful to Sure Start Cambridge?
In the context of Sure Start Cambridge, this research gives us sets of criteria and measures to use in the evaluation of family support locally. By accepting some basic precepts, which are well supported by research evidence, we can use these criteria to predict how successful family support work will be in improving the outcomes for families and the community at large.

The precepts we are accepting are:
• That preventative early intervention programmes can be effective in improving outcomes for individuals and communities, including in terms of cost.
• That there are ways of delivering support that are more effective than others, in terms of good outcomes for children.

The set of criteria identified by Kurtz are based on a wide range of communities. Family Support at Sure Start Cambridge also has to “fit” with the local community and its needs. Therefore the services are also evaluated using the criteria as defined by parents and workers within the areas.

The two sets of criteria will be combined to provide a framework against which to evaluate family support work within the programme.
5: A shared definition of Family Support.

All worker and family interviews transcripts were systematically scanned for themes and issues. This gave a set of themes and shared priorities. From these themes, a proposed definition was written, and then passed to a range of parents, workers and partners for consultation. The feedback was then included where applicable.

Below is the definition, with illustrative quotes from interviewees.

Family Support…..

- involves engaging with families and building good relationships with them.

- is flexible, working with parents, carers and children in places, at times and across age ranges that are relevant to them.

- has the health, happiness and good development of children and families at the centre.

- works with families own views, enabling them without judging, and actively listening to their opinions and including them in their care.

- is informed by continuous assessment of needs in a holistic way.

- helps families to solve problems where possible, through help, encouragement, linking with other services and advice.

- is delivered by workers who are welcoming, consistent and interested.

- helps families to help each other when they can.

“Going the first time I found very difficult. I didn't know anyone and I think it may have helped to have someone to go with.”

“The support I have for him, yes, it would be nice to have the same for my older daughter. It would be nice to have somebody here for her to play. I don't get the time with the older child”

“The bottom line is to enable children to have a healthy and good growing experience. “

“Looking at the overall picture- all the things that influence her (mother's) life- decisions she makes, her struggles, her as a person”

“It can be complicated- new needs come along”

“Just helping families really, connect with services and the support they need.”

“To spend the time listening and acceptance- I think that's a big thing as well- acceptance no matter what is going on …”

“Quite a lot of the support comes from the other parents....they are brilliant at supporting each other”
• involves a shared approach from agencies, and a commitment to positively and respectfully share information.

“They just need to learn to talk to each other- that's all…”

These shared priorities, along with Kurtz’s characteristics of effective programmes, provide a framework with which to compare the provision of family support, and a useful starting point in discussing how well the new home visiting service corresponds to families’ expectations of it.
6: Families Experiences of Family Support

The case histories in this chapter are based on the interviewees' experiences, but are altered to disguise their identity. In each case, several stories have been amalgamated, but all the experiences are factual. Illustrative quotes are taken from a range of interviews.

13 families took part in interviews, with 15 parents interviewed.

Most were interviewed at home for up to 2 hours, whilst a few were interviewed at drop-ins for shorter periods. The format covered a range of points which all parents commented on (see appendix 2). Two interviews included fathers, and children were present at all but one.

6.1 Who were the families?
The parents who were interviewed reflected a range of people: Four were teenage parents, one was from an ethnic minority, and the numbers of children in the families ranged from one unborn child to five children. Seven of the parents were living with a partner, three lived separate from their partner, and three were living alone with their children and were single. Six lived in Kings Hedges, four in Abbey and two out of the areas, one of those very close by.

All parents talked frankly about the difficulties they had faced, and reflected on what had given rise to those difficulties and how they saw them being addressed. All but one of the parents had one or more of the following characteristics in their story:

- They had a child with special needs.
- They had experienced mental ill health.
- They were a teenage parent.

One parent’s children were in local authority care, and one child had a child in need plan.

6.2 What were the families’ support needs?
Parents were asked what they felt their support needs were or had been in the past, and how they had arisen. Most of the interviewees told the story of their families, and identified a range of factors:

6.2.1 Children with special needs

Case Study:
Sarah is 32 and has 3 children: James who is 14, Steven who is 3 and Tanya aged 8 months. The family live in a 2 bedroom house in Kings Hedges.

Steven was a “difficult” baby, and by the time he was 2, Sarah was having real problems dealing with his behaviour. She had not used any support services or drop-ins up to this point, as she prefers to cope with things herself. In desperation she took Steven to the Child and Family team clinic. She described his behaviour, but she thought the Child and
Family Nurse just thought she was exaggerating, and she was told it was probably the “terrible twos”. Sarah felt frustrated and embarrassed.

Some time later, Sarah felt she couldn’t cope any more, and a family friend, who worked for Home-Start as a volunteer suggested that she contact them for help. After a wait of 11 weeks, a Home-Start coordinator came to see her. She made an assessment and some weeks afterwards a volunteer was placed. During those 11 weeks every day seemed like a week, and Sarah says she felt she was going mad.

The volunteer came every week to play with Steven and give Sarah a chance to catch up on some sleep or housework. To her this was a lifeline, and meant on those days that she felt she could cope, but the rest of the week was still a nightmare.

“it was so nice knowing there was a light at the end of the tunnel that once a week for a couple of hours somebody came and took him off my hands”

Steven didn’t sleep at night, and Sarah felt constantly tired. James was having problems at school, and Sarah felt she was letting him down. The coordinator from Home-Start encouraged her to get back in touch with the Child and Family Nurse, and Steven was referred for further assessments.

The assessments took a while to get organised, and Sarah had real difficulties getting Stephen across town for his appointments, being pregnant with Tanya and feeling ill herself. She missed several appointments with just not being able to face it.

Eventually Steven was diagnosed as being on the autistic spectrum. A referral was made to the Portage service and Sarah feels now that she understands him and his problems better, and she has also managed to take him and Tanya to a few toddler groups, though she does say she feels uncomfortable in the group. She still feels tired all the time, and worries about James, who she seldom helps with his homework or spends time with. She feels like he is just bringing himself up.

Reflecting on her experiences, she is very glad of the support she has had, but found the time it took to get it difficult and frightening. She worries that others who are less able to push for it might not get support in time to avoid a crisis. She is glad of the extra support Steven gets now, and feels much more positive about him starting school next year, but wishes that she could have had the support more quickly, and wishes she hadn’t had to get into such a state before she got it. She also feels that she needs more help, and that the other children could use extra support too.

Of the families interviewed, half either had a child with a diagnosed special need, or believed their child had special needs, but had not been given a diagnosis. Two parents described the problems they had having
the special needs they identified in their children recognised by others (one of these was later diagnosed). Both parents stated that the delay in getting services was not as difficult as feeling that their experiences and instincts as a parent were not respected or listened to. They pointed out that this compounded the isolation and self-doubt they were already experiencing.

“by this time me and my husband thought we were going crazy, it was like everyone just thought it was us and there was nothing wrong with her.”

The parents of children with special needs all identified tiredness and conflicting needs of the children as a problem. Several expressed guilt and worry that they were letting their children down. All of the children with special needs had siblings. None of these were using the Young Carers project and none of the parents had heard of it.

Most of the families did not use drop-ins or activities, and all said this was mainly due to the social atmosphere at these groups.

“the people in the group have grown up in this area like I have and they are very cliquey and I find that very difficult because I’m not an overly confident person in groups anyway”

Transport was also an issue for most, and the pressure of hospital appointments on the whole family was often substantial.

The parents of children with special needs were on the whole very keen on services working better together and often felt they had been let down by workers failing to keep each other informed, and specifically by poor sign-posting.

“I shouldn’t have had to hear it from my Portage worker that I was entitled to Disability Living Allowance for my daughter. If she hadn’t told me, I’d not have it now... [You need] someone to guide you through it, this is what you’re entitled to, this is how you get it, these are the groups you can go to, and also the strategies because your mind almost goes blank- and you know there’s a wealth of information out there- but as a parent who’s never encountered these problems before I hadn’t got a clue where to start.”

Another parent described having to have a long and complicated referral chain to get a service she later found she could have received several months earlier by referring herself.

Of the six families where children had special needs, two had the Portage service, one had a child too old for the Portage service, and three did not have the service, though they fit the criteria. The parents who used the Portage service saw it as crucial to them being able to manage their child’s special need. The factor they identified was the flexibility of the
service in being able to come to their homes and be contacted at any
time, and the partnership between parents and workers, where they felt
listened to and included.

Most of the families with children with special needs or behavioural
difficulties said they had little or no support from other family members.
This was sometimes because family lived far away and sometimes
because they felt relatives were not able to cope with the needs of their
families.

6.2.2 Parents experiencing Mental Health Difficulties

Case Study:
Michelle is 25 and has 2 children: Samuel aged 2 months and Thomas
aged 2. She lives with her husband in a flat in the Abbey area.

A few months after she had Thomas, Michelle was diagnosed with post-
natal depression. She finds it hard to describe her feelings now, but says
she just couldn’t face doing anything or seeing anyone.
“you’re just so down you don’t recognise it”
She had never been very confident anyway, and the depression just
stopped her being able to leave the flat at all. She didn’t know anyone in
the area and felt very lonely.

The Child and Family Nurse visited twice a week and Michelle built up a
strong relationship with her. Her GP also prescribed anti-depressants,
which Michelle hated, as they made her feel so “out of it”. When Thomas
was 8 months old, Michelle finally plucked up the courage to go out to a
local toddler group. She found it frightening to go the first time, but
managed to keep going and eventually got to know some of the mothers
there.
“I found it difficult with the depression- coming here. Just walking
through the door… if I had that (outreach visit) I would have come
really a lot sooner”
Gradually Michelle recovered and the health visitor stopped coming as
regularly. When she found out she was pregnant again, she was terrified
that she would be ill again. She contacted the Child and Family Team,
but found her previous Nurse had left. She was worried about getting to
know a new nurse.

This time, however, she had had support from a worker from the drop-in
and the other mums she knows, and it has been a much better
experience:
“Things are completely different this time around. I’ve got two
children, but it’s easier somehow… …now I’m out all the time”

Half of the mothers interviewed had experienced mental health problems
which they had received treatment for. Four had been diagnosed with
post-natal depression (PND), one with depression and one with acute
stress.
Four of the parents experiencing mental ill health described being given a drug treatment by their GP (three of these had PND). None were in contact with specialist mental health services.

The mothers who had experienced mental health problems had often also experienced other stress factors; over half had a child with special needs or behavioural difficulties. When talking about their experiences, most identified isolation and stress as factors. Several said they mainly needed someone to talk to.

All but one of these carers regularly used groups, activities or drop-ins. Several pointed out, however, how hard it was to do this, especially at first. Most of these parents put great emphasis on the relationship they had with workers, and valued in particular the workers working well together. Several talked about how they first accessed services, saying they wished that someone had been more assertive in recommending a service sooner, say by making a referral.

“[I needed someone to]… come and see me and say ‘how’s it going?’, but how would they know? They wouldn’t know I had depression because they don’t talk to each other”

6.2.3 Teenage Parents

Case Study:
Sarah is 17, and is expecting her first baby in 6 weeks. She is living with her boyfriend’s parents, after having moved out from her mum’s flat six months ago, as they were arguing a lot.

Sarah is a bit worried about what will happen when the baby comes and how she and her boyfriend will cope. She has stopped going to college, but wants to get back after the baby is born.

Sarah has had a turbulent few months, with a short stay at the YMCA, and some weeks spent living at friend’s flats. She has been to some of her ante-natal appointments, but with moving house she keeps missing appointments. She says she had had both good and bad experiences with mid-wives, the key difference is when someone really takes an interest in her.

She has started going to the Romsey Mill ante-natal group. The thing she likes about the group is that she knows the person who runs the group, and that they phone up and check on her occasionally, reminding her about appointments and when the next group is. She says that after the baby is born she wants to be as independent as possible, but wants to stay in touch with Romsey Mill:

“makes you feel that someone’s there because you’re young and they respect that”

Five teenage mothers were interviewed, two of whom were pregnant, two had one child and one had two children.
The most striking characteristic of the stories that the teenage mothers told was of instability; most had experienced homelessness, repeated moves or inappropriate housing. Several had difficult family relationships, and were unsure of where they would be living soon.

When asked what was important to them in family support, they, more than others emphasised the need for a coherent package, and for shared information between workers. They were often confused about who was holding what information about them, and wanted to be more included in the process. They also preferred workers to contact them by phone regularly. They identified in particular the need for support with accessing college, housing or work.

6.2.4 Other Support Needs
Besides the support needs outlined above, parents also talked about additional stresses that had led to them needing support.

Several of the families had experienced homelessness, and more than half were in inappropriate housing. The most common difficulty was overcrowding, and the impact that this had was commonly a lack of privacy for all the members of the family. Parents also described not having safe places for their children to play.

Of the parents in a relationship, most had some relationship difficulties. Some mentioned the stress of differences in parenting between parents and general stress within their families.

“My partner and I, we never have any privacy, we never have any space, even if you just want some peace and quiet there is nowhere to go”

Most of the parents identified transition points in their families’ lives as particularly stressful; the birth of a child, starting school, or moving house. They often felt that they had not been prepared for this, and if they could change anything they would have had support sooner. Related to this, was the parents’ experiences of finding it hard to have a change of worker. When things within their support package deteriorated, it was often because of a change of worker. The combination of a stressful transition and a simultaneous change of worker was often a particular crisis point. For example, a teenage mother who had built up a strong relationship with a midwife during pregnancy had been moved to a flat in a new area not long before the birth of her baby. She was not confident with the new midwife, and found the whole birth and new baby experience over-whelming and traumatic.

6.2.5 How parents felt about support services
All the parents had positive things to say about the support they had received. This was generally about an individual worker or service. The most common positive feedback was about a service or person that followed through a piece of work, and delivered what was promised.
When asked what they had appreciated in particular about services, it was the availability of a service at different times, flexibility of ways of working, and most importantly the extent to which staff were warm and engaging.

Many of the parents focussed on the social skills of the workers they dealt with. The issue of respect and dignity came up repeatedly, and parents identified the way they were treated on a personal level as crucial.

“Yeah, the first one [social worker]- I got on so well with her, but now because they keep changing it about, I don’t know if I can trust them, not with the way things are going. I could talk to her where with my new one I can’t talk to them.”

Some parents also had criticisms of services. The criticisms were often related to poor communication and coordination. Parents described having to go through lengthy referral and assessment processes to get services, and having to actively chase their services at times to make sure they happened. Several pointed out that not all families have the inclination or resources to be able to do this. In fact, the younger parents, who had moved more often and were less confident in dealing with services, had often had disruptions to their support and at times a complete cessation. In one example, a young woman had had no antenatal appointments at all and went into Labour not knowing what to expect.

6.2.6 How parents felt about information sharing
Parents were asked if they felt the various people within their support package were regularly in contact with each other, either at meetings, by joint working or by telephone or letter.

Around three quarters of the parents said that they were, though of these, several said this was limited contact, and didn’t include all of the workers that they saw.

Parents were also asked how they felt about this contact between workers. Three quarters were not worried, and most of these were clear they felt it was a good thing.

The reasons parents gave for wanting services to be more in touch were to make sure that they got all the services they were entitled to, so that information about them was accurate, and to save them from having to keep repeating the details of their situation.

“It’s like if I’ve got any problems and I need someone to sort it out it helps. I’m not very good at explaining things so they can take that on and give questions and answers a lot quicker and get things happening a lot quicker than I would if I had to do it.”
About a quarter of parents said they had felt nervous about workers contacting each other:

“Slightly nervy. It’s the sort of thing where you’re never really sure of what’s being said, and they don’t have to tell you. “

When asked about what made the idea difficult, all responded it was concern about what was being said, and that if they were aware of what was said they would worry less.

“As long as you show parents the courtesy and respect.. ..as well it’s your dignity- nobody likes to have to come to services and say me and my family are at breaking point and I really need the help. So your dignity and your pride is important.”

Parents were also asked if workers kept written notes about them. About a third were not aware of any notes written about them. In fact there was a surprisingly low level of awareness about written notes. Parents tended to know that statutory services kept notes, but most believed that voluntary agencies such as Homestart, Romsey Mill or Kings Hedges Family Support did not.

When parents were asked about how they felt about written notes, all said they didn't mind, and many felt it was a positive thing, provided they would be allowed to see what was written, that files were kept securely, accurate, and included the carer’s own views.

“a part of me says that’s their job- to be able to have a clearer picture. As long as I’m either informed or asked- as long as I’m shown that common courtesy”

7: Evaluating Family Support and the Home Visiting Service
In Chapters 4-6, this report has described how family support work can, according to research, be most effective, how parents and workers in Sure Start Cambridge areas expect a service to run, and how families have experienced support in the past. From this, we have a framework for evaluating both how family support services are delivered (process evaluation), and what they achieve for families (outcome evaluation). The outcome evaluation will be completed after the new service has run for a number of years.

7.1 Process Evaluation

From the literature search, and the families and workers definition, we have a set of aims to test family support services against. Below, the extent to which the process is meeting each aim is discussed, using a combination of all the data and information available within this research.

7.1.1 Family Support involves engaging with families and building good relationships with them. Support is delivered by workers who are welcoming, consistent and interested.

In interviews, both parents and workers identified good engagement as crucial, and when parents felt they and their families had been badly supported, the main cause was often a poor personal relationship with a worker. However, families largely reported having positive and trusting relationships with the workers they were in contact with. Not surprisingly, the hardest thing was to come to terms with social services input.

One worker illustrated the importance of engagement with two case studies of mothers who were similar in many ways, with difficult home circumstances. When she reflected on how one of these families had good outcomes and one had dropped away from all her services, the worker identified the engagement period as the key difference:

"Either of these women could have gone either way- on paper they were the same. The ones I get frustrated with are the ones where an agency will come in but it’s not likely that the agency will work with them for very long; it’s like “I’ll do my bit and then I’ll leave”. We’re looking much more at long-term things. A woman may well engage with, say, ante-natal up at the hospital. What happens to that woman when she’s had her baby- she’s got no links with any kind of social network. It’s about having that longer term view."

For some of the families in this study, the engagement period was well planned and successful, and sometimes it was not. This generally had a strong effect on how well support worked later on.

7.1.2 Family Support focuses on the context of the child (community, school, family etc.) at the same time as focussing on the child. Support helps families to help each other when they can.
In family interviews support was often described as fragmented, and parents felt it was quite separate from their wider lives and the lives of their communities. These families as a group were less engaged with their wider community that most parents using the Sure Start services, for example in their use of local groups, activities and leisure services.

All of the workers who were interviewed mentioned peer support and saw it as a vital part of the work they did. This was generally fostered in drop-ins and groups. Isolation was a common theme, however, and many of the families were not comfortable with these settings.

7.1.3

The programme focuses on preventative work with first time mothers.

From data about registration and activity attendance in March 2005, families were tracked according to their use of services and the size of their families. In this month a total of 624 families were registered. Of these, 61% had only one child *.

Looking at those families that used all Sure Start Cambridge services, 59% had only one child. This suggests that first-time mothers were not more likely to be using the programme of activities as a whole.

Looking at the small group of families interviewed, less than a quarter were with first-time mothers, and all of those were teen-age parents. It seems that Sure Start Cambridge support is not being targeted at first-time mothers.

[*this is probably an inflated figure, due to some families or workers not recording older children when they registered: a survey of Sure Start age households in the areas in November 2004 showed that 46% of families had only one child.]

7.1.4

Family Support work is comprehensive and interventions are intensive. Support involves the whole family.

The first aim is to include multiple components in a support package, which increases the chances of reducing multiple risk factors, and to offer high levels of support.

In March 2005, a snap-shot of all families registered with the programme, showed that of those using all Sure Start Cambridge services and activities in that month (about a third), 59% attended only one service or activity, 22% attended 2 services or activities, and the remainder attended 3 or more. This shows the Sure Start population as a whole were generally attending or using only one or two different activities.

During interviews, parents were asked to describe their current or recent support package; who was working with their family and how often. The most common size of package was 3 active services, commonly the Child and Family Team, another statutory service, such as a specialised health
service, and a voluntary organisation offering support. Most of the other interviewees had one or two active services. Two families felt there was no service actively engaged with them. One family identified five. Families seldom described all of these services working with them simultaneously; rather that one worker was in the forefront, while others maintained a monitoring role.

Two main issues emerged from discussions about support packages; one of information sharing, which was discussed in chapter 6, and the other of referral systems and waiting times. Parents found their access route to services lengthy and stressful. They also felt that they were not in possession of all the information about what was available to them. Often they heard about services that they wanted some time after an initial assessment. Several parents also complained that they had to take a strong role in pushing for a service themselves.

Most families in interviews were accessing a service once or twice weekly, or less often. Though they were universally positive about these services, they often felt that this level of contact fell short of what they needed.

It is worth noting here that most of the parents interviewed were not keen on using universal drop-ins. Their objections were the culture and style of the groups, in particular the “sitting around” element- they perceived universal drop-ins as a social group for parents and carers and did not feel comfortable in that setting. They often described wanting to keep themselves separate from the community as a whole. What they valued about the specialised services was the feeling that they could “be themselves”. Families would have appreciated a wider range of services and activities within their support package, and higher levels of support.

Parents believed there should be more of a range of services within individual support packages, and higher levels of support.

Looking at involving all members of the family, for all the families who were interviewed, the only family members regularly accessing services were the mothers and pre-school children. Many of the mothers said they needed services for their older children, and some wanted their partners to be more included.

In the Sure Start Cambridge population as a whole, around two thirds of families have registered two carers. Of all the families who attended activities in March 2005, 18% had both carers attending an activity. Therefore, the programme as a whole does not generally engage well with whole families.

7.1.5

Support is flexible, working with parents, carers and children in places, at times and across age ranges that are relevant to them.
In interviews, several parents identified this as a priority, in particular those with children with special needs. Many families found transport a problem, and for larger families, getting to appointments on the other side of Cambridge was almost impossible. Parents favoured support and advice services that came to their homes or that did not involve appointments but were on a drop-in basis. This was largely how support had been delivered, and parents were happy about this.

The exception was work across age ranges, where parents felt that services were needed for their older children, or the fact that they had older children meant they could not go to activities for younger children.

7.1.6

| Support works with families own views, enabling them without judging, and actively listening to their opinions and including them in their care. Support is informed by continuous assessment of needs in a holistic way. |

In interviews families said they found it difficult to have to “qualify” for support by having children of a certain age, living in a particular area, or having reached a level of need. Larger families would like support for children across the age ranges. Parents had strong opinions about what they needed, and wanted those opinions respected and listened to.

Families wanted to be properly assessed, and informed about what was available.

“If there was a way of pin-pointing people who need it and catching them early, before they get to the situation and have to wait for someone to come along and help them- a worker to do an assessment”

In some cases parents said that this was what happened, but not early enough, and sometimes in quite a haphazard way, through informal discussion, posters or fliers or friends and family. They identified that this might mean that only some people get the service they need, or that sometimes crises can develop while they are waiting for a service.

7.1.7

| Support helps families to solve problems where possible, through help, encouragement, linking with other services and advice. Programme focuses on reduction of risk factors, rather than problem behaviour. |

The risk factors that have been identified in contributing to poor social and emotional development in children, and are relevant to family support work are:

- Homelessness/ Poor housing.
- Poor standards of living.
- Discrimination.
- Low self-esteem in children.
- Physical illness in children.
• Parental psychiatric illness.
• Parental criminality, alcoholism and personality disorder.
• Parental conflict.
• Family Breakdown.
• Parenting Issues (poor attachment, inconsistent discipline, failure to adapt to changing needs, lack of affection, and lack of support for education).
• Abuse.  

(Kurtz 2004)

Interviews with workers covered the type of work done, and the ways of doing it. Of the 11 workers interviewed, about half identified that they focussed in particular on reducing risk factors. These workers said that they focussed on improving issues around parenting, and self-esteem in children. Across the services, no one identified in particular that they aimed to tackle other risk factors in the list above, though all workers said they sign-posted to services that would advise on these issues. Instead, the more common activity was befriending and engaging with families. Parenting was the main focus of risk factor reduction, and this was where workers said they were devoting time and resources.

In comparison, family interviews showed that parents were interested in support around other risk issues: poor standards of living, housing problems, parental conflict and discrimination. When asked what help they had received, they generally described receiving advice about parenting, and general befriending which supports the findings from the worker interviews. Parents had valued and welcomed this support, and would not have wanted to have less of it, but felt they were inadequately supported about issues such as housing, benefits, relationships and education despite many services “sign-posting” to agencies that offer advice or help. In addition, parents with mental health difficulties said that they would have appreciated more support for themselves about their mental health, other than prescription of medication.

In conclusion, parents and workers alike valued the generalised support and befriending that services provided. However, when looking at risk factor reduction specifically, activity was particularly focussed on parenting, whilst families would have welcomed input on other risk factors. Parents described this to be having more flexible, easy and immediate access to housing and benefits advice, counselling, relationship help, and other advice services.

7.1.8

**Individual attention to children is prioritised**

In worker interviews, the majority did not describe identified 1-1 attention for children, either by parents or by staff. Parents in their interviews
identified Home-Start as a service primarily for their children, and while they valued the impact it had in giving them a break, most that used the service saw it as primarily having an outcome for their children. The main group of families that felt their children received 1-1 attention were those with a child with special needs. In those families, all parents said they felt other children in the family needed similar 1-1 attention.

All the support services whose workers took part in interviews have activities with children within their service. It seems more that this activity was not particularly identified by workers as something that contributed to positive outcomes for the children, as opposed to activities such as parenting advice and befriending. In fact, research into attachment and brain growth in infants suggests this interaction is crucial and should be structured into support packages.

### 7.1.9

**Support begins early, preferably in late pregnancy, and is sustained for long periods (years)**

Activity attendance was analysed from children registered in 4 sample months over 2 years (2003-2004). The median age of first attendance at an activity was between 1 year 3 months and 1 year 11 months, clearly showing that very few babies were first seen early on.

For interviewed families, support commonly began some time after the birth after a second or third child. The only interviewees who had support during their first pregnancy were teenage mothers. Future evaluation should incorporate analysis of how long support is sustained.

### 7.1.10

**Programme is manualised and structured.**

By this, Kurtz (2004) means that a package of support has a beginning, a middle and an end, and follows a process towards identifiable goals. From workers interviews, several of the services followed such a model, of identifying aims, undertaking work, and then reviewing. Other workers said they had aims in mind with particular families, but were not recording them or reviewing within a structure, and not always with the involvement of the family in planning.

According to both families and workers, formalised planning and review outside of individual services only took place where social services were involved, i.e. unless Social Services were active, support packages were informal arrangements, and inter-agency working was dependant on the quality of relationships between agencies.

### 7.1.11

**Support involves a shared approach from agencies, and a commitment to positively and respectfully share information.**
As was said in chapter 6, families were unclear about how much information was shared and recorded about them. Very few of the parents knew they had a right to see various notes or files, though many wanted to. They wanted to have an open system where information was shared with their consent and inclusion.

Some workers commented on how they worked alongside other agencies. This was generally dependant on the information-sharing arrangements already existing between individual workers or agencies. For example, voluntary agencies might report good shared information with one GP surgery, and poor ones with another.

7.2 Targeting Support- Are Support Services getting to the people they should?

This question arose from the first round of interviews. The focus of family support at a Sure Start local programme is preventative, and therefore should target families beneath the higher extremes of need. However, in some initial interviews and discussions workers reported that in an atmosphere of scarce resources, they were often drawn towards higher need families, and that they suspected that referrals were coming in for higher need families because referrers perceived that families with lower levels of need would not be prioritised.

For this reason, workers were asked to specifically indicate where they felt the families they worked with were on a spectrum of need. The tool for measuring this was taken from a model used by social services, and familiar to health workers, so that different services could compare on a common spectrum.

The levels of need were shown as a triangle where all families were represented, and families with higher levels of need were situated nearer to the top. Level 1 described families who had no more than “universal” levels of need, level 2 where there were some levels of support needs, perhaps because of some risk factors, level 3 where intervention was needed to support the family, and level 4 where there were concerns that a child was at risk. [N.B. these definitions of levels are vague: even workers who use them routinely were not always aware of clear guidelines]

Each worker was asked where they felt the families they worked with came on this spectrum, and where they felt most of their work was focussed.
The results are shown in graph form in appendix 4. The key finding was that most workers felt that a significant amount of time was spent working with families at the higher end of support need. All workers except one felt that they often had families in level 4. When asked how their time was spent, most felt it was concentrated in level 3, though most of their families fell into level 2.

At this early stage in a new project, this may indicate that not enough resources are being targeted at lower levels of need, where there is scope to do preventative work, and that worker’s time is being dragged towards higher levels of need. Another possible explanation is that workers have different perceptions of the levels of need, and this needs to be explored in future evaluation.

7.3 Outcomes Evaluation
The final section of this research aims to set out a proposed framework for evaluating the outcomes that families have after using family support services. It aims to provide a set of measures that are both qualitative and quantitative, that reflect the opinions of parents and carers, and also the situation in the wider Cambridge area and the whole country.

The process for arriving at the framework was:
- Mapping of existing outcomes measures, locally and nationally.
- Consultation with parents during interviews about what they considered to be “indicators” of their situation improving. This was a question interviewees found hard to comment on, and the most common response was being able to cope, and getting out more. These 2 criteria are incorporated in the measures proposed, but the issue of how parents see and map the changes in their families needs to be explored further.
- Consultation with health and social services staff about measures that are appropriate across wider areas, and are feasible for staff to carry out.

The publication of *Every Child Matters* sets out a vision of the outcomes to be achieved, as part of a commitment to support all children to:
- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

There are indicators and targets attached to each of these, which are being adopted in the strategic plan for children, young people and families in Cambridgeshire, including re-registrations on the Child Protection register, levels of development reached in the Foundation stage and road traffic accidents.

The outcomes evaluation in this study has the following aims:
• To establish levels of need in the areas, and track any changes to these.
• To gain additional learning on the levels of various need indicators, and how different agencies perceived need differently.
• To study how well the new home visiting team at Sure Start Cambridge meets its aims, and what outcomes it has for families, including how the families themselves rate these changes.

After consultation, the following method is proposed:

7.3.1 City-wide mapping of Children with additional needs by Child and Family Teams and Social Services and Sure Start Cambridge. These three agencies have agreed to use a one month period to provide a snapshot of the children across the city that are defined as above level 1. Each child that is worked with in October 2005 will be recorded, along with amount of time used (this meets a need for resource allocation information), level of need, need indicators (e.g. Special needs, Domestic abuse), and referrals. The Primary Care Trust will then collate this data. This will provide a comparison of levels of need and need indicators across the areas, as well as indicating levels of joint working. The data will provide a baseline for future evaluation.

7.3.2 Outcomes Evaluation for the Home Visiting Service
In October 2005 (when the new service will be fully operational), all new families referred during the month will be asked to take part in a longitudinal study of their experience of the service. They will complete three measures (these have been selected after consultation with key staff and partners):

• The Parenting Stress Index (Abidin 1995), which assesses sources and levels of stress in parents of children. This assesses sources of stress in parents of children, and is a robust diagnostic measure, which maintains validity across non-English-speaking cultures.
• Brief Infant Toddler Social and Emotional Assessment Scale BITSEA (Briggs-Gowan and Carter 2001). The purpose of the measure is to assess infant’s social and emotional adjustment, and can be repeated at several points over time.
• Parents will be invited to keep a written, photo or video diary of their experiences.

The activity data-base at Sure Start Cambridge allows the programme to track how families use Sure Start Cambridge funded activities, and how their use of the home visiting service may affect this.

The Parenting Stress Index and BITSEA measures will be repeated with the same group of families after one year, to demonstrate any outcomes for families.
8: Key Points and Recommendations

Research shows that preventative early intervention programmes are effective in improving outcomes for families and communities, and can be cost-effective over long periods of time. There are proven effective ways of working.

8.1 Families’ Experiences of Support

Families felt they were well supported and that their needs around parenting their youngest children were well met. They all showed appreciation for the services offered within their area, and valued both universal and specialised services.

In interviews, families described a range of experiences of assessment and referral procedures. A common experience was having long and stressful waiting times for services, and having to access information about what was available from a range of different workers or even friends and family. At the point that they were interviewed, many of the parents did not know about all of the services available to their families, despite feeling they needed more help.

When looking at how family support has been delivered so far, the largest area of work was in improving parenting, with less input on the reduction of other risk factors, such as poor housing, income and family stability.

Parents were focussed on the individual who delivered support, and to them their relationship with that person was key. They found changes in staff difficult, and if a change of worker coincided with a transition point, this was a risky time for them (for example, moving from ante to post-natal support services, or moving to a new area).

8.2 Key Points from the Process Evaluation.

8.2.1 Families appreciated workers who were warm, friendly and reliable, and workers recognised the quality of their engagement with a family as central to good support work. This was an area in which the support services in Sure Start Cambridge areas were particularly successful.

8.2.2 Family Support within the Sure Start Cambridge areas was not generally “highly structured, proactive and targeting risk factors rather than problem behaviours” (Kurtz 2004). These are characteristics of programmes that are effective in improving outcomes for children.

8.2.3 Families wanted to have advice and help with a wide range of issues, but sign-posting was patchy- and often depended on circumstances. The result was that parents felt they had not always got the support they wanted, or had not got it early enough.
Recommendation: Workers should be well informed about the full range of services available to support families, and skilled in early assessment of needs. Advice services, in particular should be available to families in a range of ways or settings, not just at drop-ins.

8.2.4 Parents needed support earlier, and sometimes felt their support was unacceptably delayed. Families generally were using one or two services, but would have appreciated more help, and more input would improve outcomes. Parents would generally welcome being approached by services and offered help

Recommendation: Support should be available to families during pregnancy and early months, and this should be facilitated by good quality assessments and easy access to services. Levels of support within support packages should be increased, often by including more agencies, but in some cases by increasing input by individual agencies.

8.2.5 Transition points, such as the births of babies or moving house, were risky times for families, and at these points families often felt their support was not adequate.

Recommendation: Transition points should be planned for as much as possible, by offering families consistency throughout the period and extra support if needed.

8.2.6 Agencies did work together, but not always, and often not in a transparent way. Parents were not well informed about when and how information was shared about them, and not always included in the process, though they wanted to be. Parents generally valued information sharing, as long as they were included and consulted.

Recommendation: Agencies need to work together more. As part of this, they need to respect and understand boundaries and thresholds. All agencies should inform parents at the first contact about their information sharing processes (including verbal discussions about them between agencies), and include families in these processes.

8.2.7 Family Support funded by Sure Start Cambridge is not targeted at first time mothers, though research shows these families benefit the most from support.

Recommendation: Sure Start Cambridge target first time mothers by liaising with midwives, ante-natal services and Child and Family Teams. The identification of needs early on will require key workers, such as midwives and child and family nurses to be well trained and supported in assessment, and informed about the services available to this group.

8.2.8 Families found support most useful and easy to use when it was flexible and easily accessible. Support was not generally used by other
family members; partners or older siblings, though this would be more effective.

**Recommendation:** Assessment and support packages should include as much as possible older siblings, partners and wider family. Support should be available through a range of methods; home visits, drop-ins and groups and peer support.

8.2.9 Families were offered a good range of support on parenting, but less support with the reduction of risk factors such as poor housing, low income or stress in family relationships.

**Recommendation:** Support with parenting should be maintained, but support should also incorporate reduction of other risk factors. This may involve, for example, advice on benefits and training opportunities, advocacy services or referral to counselling or relationship support. Some of these elements already exist in Sure Start Cambridge, and could be targeted or delivered differently. Not all parents can access services through drop-ins, and there should be alternatives.

8.2.10 Workers delivering family support as part of Sure Start Cambridge felt that a high proportion of their time was spent on levels 3 or 4; heavy-end preventative work with families with complex needs at high risk of social exclusion. This either means that they are indeed working with this group, or there is a discrepancy in how levels are defined.

**Sure Start Local Programmes and Children’s Centres family support teams should be working at level 2 with clear pathways/links to level 3 services.** This is where preventative work can be effective in improving outcomes, and avoiding families moving up to another level. The targeting of services according to level of need within the Sure Start Cambridge programme is not clearly defined or well planned. Sure Start Cambridge needs to ensure that all partners understand and agree the levels they are working with, and that the programmes targets preventative work at level 2. This may involve renegotiation of thresholds to ensure that needs are met across all levels.

8.3 **Future Evaluation**
The following are recommendations for future evaluation of family support:

8.3.1 A multi-agency mapping of all children in need of additional support across the city each year.

8.3.2 An in-depth outcomes evaluation of the Sure Start Cambridge Home Visiting Service, to record outcomes in terms of parenting stress, infant mental health and parent’s experiences.
References

Cambridgeshire Children’s and Young Peoples Strategic Partnership, 2005. Include to Improve- What Parents and Carers Say.

Crane, J et al. 2003 Do Early Childhood Intervention Programs Really Work? Coalition for Evidence-Based Policy.


NHS Health Advisory Service 1995 Together we Stand: the commissioning, role and management of child and adolescent mental health services. HMSO.


Appendix 1
Family Support Interview Schedule: Workers

Worker:
Service:
Date:
What does your service do?

Who for?

Targeted? (see triangle)

How long do you think a family might typically use the service?

What might prompt them to stop?

What does “family support” mean to you?

What do you think the outcomes are for families that use the service—parents and children?

What are the elements of your service that achieve this?

What are the elements of your service that don’t work as well?

Case Studies
Consider a family that has used the service and it has achieved what you would hope for…. Please describe how it happened……

Consider a family that has been in contact with the service and what you would have hoped for hasn’t happened. Please describe the process, in particular where opportunities were missed, or initiatives failed…. 
Appendix 2
Family Support Interviews Schedule: Families

Please tell me about who is in your family…

What stresses are you experiencing at the moment, or have you experienced in the past?

What do you think you need from family support?

How will you know when things are better? What might indicate this?

Have you had contact with….
  Drop-ins
  Outreach workers/ home visitors
  Child and Family teams
  Social worker
  Social services support workers

Please tell me about how this has gone- what did you gain? What did you find difficult?

When you have had a few different services working with your family, were they in contact with each other?

How did you feel about it?

Do workers keep written notes about the work they do with you or your children?

What do you think about this?

What do you think are the important things about a family support service?
Appendix 3
Objective 1: Improving social and emotional development

In fully operational programmes, achieve by 2005-06 an [x] percent increase in the proportion of babies and young children aged 0-5 with normal levels of personal, social and emotional development for their age.

Target level to be set by end of 2003-04 when the first data from the Foundation Stage Profile becomes available. Target level will be set so that it aims to narrow gap between children in the areas targeted by the programmes and the population generally.

Technical note:
- The target is to improve the personal, social and emotional development of young children of children aged 0-5.
- The target refers to the aggregate score for the three elements of personal, social and emotional development covered by the Foundation Stage Profile (FSP) which together form a single Early Learning Goal.
- Progress will be measured by the proportion of children living in Sure Start local programme and Children’s Centre areas meeting the Early Learning Goal for personal, social and emotional development each year as assessed by the FSP.
- The exact level of increase will be set by the end of 2003-4 when the first FSP data (for 2002-03) will be available. The level will be set to take account of the very minimal input that FSP children will have received in the programmes that became operational after April 2003.
- Data used to measure this target will come from the FSP owned by the Qualifications and Curriculum Agency (QCA). DfES plan to collate FSP results for children in Sure Start local programme and Children’s Centre areas from Summer 2003. Data period is the school year and data refers to all children living in fully operational programme areas completing the Foundation Stage in that particular year.
- The FSP is a continuous teacher assessment during the course of the Foundation Stage with a final assessment recorded at the end of the Foundation Stage. Further information about the FSP can be found on the QCA website at www.qca.org.uk/ca/foundation.
- Progress will be measured annually. The Sure Start Unit will obtain data from DfES for each Sure Start local programme and Children’s Centre area.
- Baseline period will be the school year 2002-03. This is the first time FSP will be available. Data will refer to children who were aged 4 in 2001-2. An initial baseline will be set by end of 2003-04 when the data for 2002-03 is available though this will only refer to R1-6 Sure Start areas and will need to be updated once definitions of Children’s Centre areas are available.
- Quality controls – Data collected via national consistent
assessment framework developed by an independent body – the QCA. The first year of operating the FSP (2002-03) will be a pilot year and data quality thoroughly reviewed at this stage.
Appendix 4
Worker's Perception of levels of need in families in Sure Start Cambridge family support services.
(Where variations between workers- nearest consensus is shown)
The range of families using the service:

Most of the families who use the service
Most of the worker time
Appendix 5
Form for proposed mapping October 2005.