

Centre for Public Health Research

**A review of family support provision in
three Sure Start local programmes in Halton**

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Summary

Background to the study

Family support services have existed in the UK for a long time. However, a number of initiatives have sprung up in recent years that focus on the prevention and amelioration of problems and life stressors in order to avoid difficulties becoming entrenched, irreversible problems. Among them is Sure Start. Sure Start aims to support the life chances of children and break the cycle of deprivation through early, preventative intervention. In addition to health and early education projects, family support services are an integral part of Sure Start local programmes.

This study reviews the different types of family support services that are provided by the three Sure Start local programmes that are funded by Halton Borough Council: Widnes Trailblazer, Sure Start New Steps, and Sure Start Seals.

Aims and objectives

The aims of this study were to:

- provide an in-depth description of activities that form part of family support service provision in each of the settings of study;
- describe professionals' understandings of the nature of family support activities in the Sure Start local programmes and identify the theoretical model(s) underpinning them;
- identify outcomes among families.

Study design and methods

This report used qualitative and quantitative approaches as follows:

- semi-structured interviews with relevant stakeholders, including parents, family support workers and allied professionals;
- Sure Start management information and documentation, including design and delivery plans;
- family support service activity data based on the three Sure Start local programmes' databases.

Findings and conclusions

The review shows that the family support model that underpins the three Sure Start local programmes is a complex, community-based model of service provision based on the accurate assessment of need of the family in holistic terms that can lead to the

implementation of multi-layered interventions. Family support services reviewed were characterised by a professional-user relationship based on strong bonds and a climate of trust, which contributed to parents feeling valued and empowered. This trust in family support services had developed over time.

Families appeared to perceive no difference between group and individual forms of support. Furthermore, the services reviewed were able to build community cohesion and social capital by bringing people into the community centres and encouraging the creation of informal social networks among families and children.

The strengths of the family support service model explored could be seen at three inter-related levels:

- at the level of its understanding of the family;
- at the level of its ethos and approach;
- at the level of its delivery.

At the level of the service's understanding of the family, it was found that Sure Start family support services were based on a holistic and broad understanding of families and the range of factors that can affect family life and child development. This was manifest in the range of issues included in the needs assessment (from child development to parenting needs, to environmental issues).

In terms of the service's ethos and approach, it was found that the family support service model explored was preventative in its approach, managing situations and crises in order to prevent further deterioration. In terms of its delivery, the service was deemed to be highly interconnected and integrated with other specialist services, making referrals to other services quick and easy.

The service model's weaknesses can be summarised as follows:

- some workers considered that family support services in Sure Start were simply not taken seriously enough by some professionals, which might lead to reluctance to engage, refer families or take seriously requests for help;
- clinical models of provision coexist with Sure Start-based models of family support, leading to potential confusion among parents as to the meaning of family support and the remit of the various services;
- service provision boundaries can affect the service's image in the community.

The report concludes that there are a number of issues in need of further consideration that arise from the fears expressed by Sure Start workers. On the one hand, there are high levels of anxiety among family support workers and Sure Start staff about the continuity and conditions of their employment after March 2006. On the other hand, there are fears about the shape and integrity of the current level of service provision.

The findings suggest that in order to capitalise on the strengths of the Sure Start model within the context of children's centres, a balance will need to be struck between further integration and standardisation of service provision on the one hand, and the flexibility of local children's centres to respond adequately to local need. It is also important that all families are able to receive help and support regardless of the age of children, but that the preventative and responsive approach keeps the early detection of developmental needs in children at the top of the list of priorities so that it does not become a system of 'crisis management'.

Linked to this is the effect on families that a process of integration with some statutory services might have on the image of preventative family support services and, as a result, on the relationship of trust with service users which was seen as crucial to Sure Start's ability to engage with families.

In sum, family support workers in Sure Start made clear that they hope that a close integration of services in the future might:

- permit a preventative approach to be integrated with the new arrangements;
- conserve the strengths of the current model of delivery such as its holistic character built on a voluntary relationship of trust between service providers and service users.

Chapter 1

Introduction

1.1 Background to the study

Poor and disadvantaged communities in the UK have been at the heart of policy making concerns in the last few years. Recent research that has focused on social exclusion, has provided evidence of the structural causes and consequences of poverty. These effects can manifest themselves at the level of the community, where poverty and disadvantage are often associated with poor housing, rising crime, high levels of unemployment, poor access to basic services and environmental degradation.

Material poverty and disadvantage can manifest itself also at the level of resources parents have to carry out their parenting activities, which can lead to family stresses and conflict (Ghate & Hazel, 2002). Parenting is important because evidence suggests that challenging child behaviour is a common element to most families showing early signs of stress. Furthermore, these patterns of behaviour in children tend to be linked to their disaffection, poor academic achievement, and, mainly in the case of boys, antisocial and criminal behaviour in adolescence (Farrington, 1995; Broidy et al., 2003).

Family support services have existed in the UK for a long time. However, family support has often been characterised in terms of ranging between the 'child rescue' and the 'family support' paradigms (Tilbury, 2005). The type of family support enshrined in the social services model essentially works along the 'rescue' paradigm and represents the last resort type of action, as well as the responsibility of the state to safeguard the child and protect him or her from neglect and abuse.

In response to the limitations of this model, a number of initiatives have sprung up in recent years that focus on the prevention and amelioration of problems and life stressors in order to avoid difficulties becoming entrenched, irreversible problems (Jack, 2005). Among the range of community programmes working with children and families in disadvantaged areas, Sure Start has been promoted by the Government as having a key role. Launched in 1999 in a number of areas with high levels of child poverty and disadvantage, Sure Start aims to support the life chances of children and break the cycle of deprivation through early, preventative intervention (Morrow, Malin, & Jennings, 2005). In addition to health and early education projects, family support services are an integral part of local programmes.

This study explores the role of family support provision in the context of preventative services provided by three Sure Start local programmes in Halton. In particular, the study reviews the different types of family support services that are provided by the three Sure Start local programmes that are funded by Halton Borough Council: Widnes Trailblazer, Sure Start New Steps, and Sure Start Seals. Although two other Sure Start local programmes operate in Halton, this report concentrates on the above programmes because they deliver family support services directly. The other two Sure Start local programmes deliver family support services through the Branches Project and were the object of an impact evaluation in a separate study (Artaraz & Thurston, 2005).

1.2 Aims of the study

The aims of this study are to:

- provide an in-depth description of activities that form part of family support service provision in each of the settings of study;
- describe professionals' understandings of the nature of family support activities in the Sure Start local programmes and identify the theoretical model(s) underpinning them;
- identify outcomes among families.

Consideration is also given to the relative strengths and weaknesses of each of the models of provision as well as to their future prospects for incorporation into a 'unified' and seamless family support service within children's centres.

More specifically, the objectives of the study are to:

- characterise the ways in which the implementation of preventative family support services takes place in a community setting;
- describe the activities that form part of family support provision in each of the settings;
- provide a quantitative description of service activity;
- characterise models of family support provision in each of the three settings;
- describe the inter-professional relations between key stakeholders, including family support workers and other professionals, along horizontal and vertical axes of referral and provision;
- identify the impact(s) of family support on families as described by their accounts;

-
- present an analysis of differences and similarities between the models of provision of family support services described.

1.3 Structure of the report

This report presents a review of family support services in three Sure Start local programmes. The report extends over 6 chapters. After a presentation of the background and aims of the study, Chapter 2 presents a literature review on the state of knowledge about the role of family support services. The literature review provides the theoretical basis on which to build an understanding of the role of family support services at the preventative level.

Chapter 3 describes the methodological principles as well as the data gathering techniques and methodologies employed in relation to specific research questions. Chapter 4 presents the findings of the study as they relate to the delivery of family support services. This Chapter includes a description of the family support service process.

Chapter 5 presents findings in terms of the impacts of family support services observed and discussed by parents throughout the research project. It includes an understanding of parents' perceptions of Sure Start family support services as part of the theories to explain the nature of the engagement and relationship that exists between Sure Start family support services and local families. The final chapter, Chapter 6, includes a discussion of the findings.

Chapter 2

Literature review

2.1 Family support needs

Although there has been a lot of emphasis on the importance of family support in the design of services, it seems that there is no universally agreed definition of what constitutes family support services. However, family life, and perhaps more crucially, the parenting element of family life, can be affected by myriad factors. These can have their origin at the level of the individual. For example, a child born with complex physical or behavioural needs might trigger a crisis in some families with limited resources to cope. A similar crisis and need might develop from a mother whose postnatal depression has gone largely unnoticed.

Alternatively, family crises might develop from distorted or unhealthy relationships within the family. These might take the form of parent-child relationships, known to be an important determinant of a child's development in the first five years of his/her life (Crockenberg & Leerkes, 2000), or they might take the form of relationships between parents, such as separation, divorce or domestic violence.

Furthermore, research has revealed the explicit link between the quality of family life, parenting practices and the wider social and economic environment. In particular, the process of growing up in poverty has been shown to be highly relevant to the quality of family life and its effects on children. In the mid-1990s, four and a half million children in the UK or one in every four children experienced poverty (Palmer, Carr, & Kenway, 2004).

The evidence suggests that the stress factors that are mediated by poverty at the family level affect both the physical environment and the health of individuals but also their behaviours and relationships. For example, in a review of the living conditions and parenting practices of poor families, Ghate and Hazel (2002) found serious housing deficiencies to be a problem for almost half of the sample surveyed, limiting their ability to provide a physical environment fit for child rearing. The health of individuals was also adversely affected by chronic forms of stress and anxiety about finances. Furthermore, the association between poverty and premature births and low birth weights is well established (Aber, Jones, & Cohen, 2000).

The effects of poverty on behaviour and relationships is particularly important for understanding the quality of family life. Poor environments tend to have an over-representation of single parent-headed households, further adding to the stress levels associated with family life and parenting. Not only is lone parenting, parental mental health and child behaviour closely linked (Ghate & Hazel, 2002), the evidence appears to show that there is a link between poverty and the quality of the parenting provided for children, including increased levels of inconsistent parenting (Crokenberg & Leerkes, 2000) and punitive parenting (Hashima & Amato, 1995). This is consistent with evidence to suggest that challenging child behaviour is more prevalent in poor households (Halpern, 2000).

In sum, the literature points out that the quality of family life and the factors that affect it are inextricably linked to wider socio-economic patterns within society. The stress factors mediated by poverty, affect individuals' and families' physical and mental health, their behaviours and their relationships both inside the family and with the community.

2.2 Family support services: definitions

The state's response to the needs of families described above has been changing dramatically over the last eight years. The arrival of the Labour Government into office in 1997 has been followed by an unprecedented reform of welfare services and renewed interest in families, children and young people. Informed by the conceptual tool of social exclusion, New Labour-inspired services have sought to intervene in the lives of families living in poor socioeconomic circumstances with the aim of addressing the circumstances that reproduce poor outcomes on new generations.

The services that have emerged as a result of such reforms have emphasised the concepts of prevention and early intervention (Department for Education and Skills [DfES], 2003), a notion that was, and is still, clearly linked to the aim of reducing the need for the state's intervention in cases of child protection. This approach developed in the mid 1990s as a critique of family support approaches that emphasised or were based on the child 'rescue' paradigm (Tilbury, 2005). However, whilst there is considerable emphasis in policy terms on family support, there is a lack of clarity about what constitutes family support in practice, particularly in its preventative form.

Family support services could be defined as any service designed to provide support that impinges on any of the multiple factors that potentially affect family dynamics and parenting described in the previous section. Yet, the preventative family support school of thought has sometimes been accused of engaging only with a narrow set of concerns, limiting the help provided to information, advice and referral, making little effort to engage with potential service users and being dominated by one-off encounters or telephone conversations (Tilbury, 2005).

There is an urgent need to clarify the conceptual definition of preventative family support services. Bloomfield et al's (2004) argument that the broad principles which underpin family support services should be to help parents become independent problem solvers who recognise the effects of their behaviour on their children could go some way to redefine this concept. At this point in time, the only family support services that fulfil this principle are those based on complex community-based programmes which aim to address the multiple and interconnected nature of problems, often mediated by poverty, that can test the resilience and ability to cope of families. Sure Start-based family support systems – the subject of this review – are part of this web of complex, community-based family support services.

2.3 Family support needs and provision in Halton

Halton is an industrial area close to Liverpool and Warrington, which includes the areas of Widnes and Runcorn, situated on either side of the River Mersey. According to the latest figures, Halton ranks as the 18th most deprived local authority in England and Wales, with more than a quarter of families in receipt of housing benefit. The interlinked problems that lead to high levels of social exclusion can be summarised in the following terms.

In terms of economic activity, unemployment in Halton is relatively high by comparison with the rest of England, with rates that put it as the 11th highest amongst young people under the age of 25. This picture is not particularly surprising given the figures of educational achievement in the area that fall well below national averages, for example, in the levels of attainment of five or more GCSE passes at A* – C grades. This leads to a generally low level of skills and qualifications among the workforce in Halton, leading to low aspirations and prospects. Health indicators do not fare much better, with 15 out of 21 Halton wards in the worst 10% nationally for health indicators. This includes some of the worst infant mortality rates in England and Wales, figures

that seem to fit with the picture of child poverty in Halton, where eight of Halton's 21 wards rank in the lowest 10% nationally for income poverty (Halton Borough Council 2005).¹

Given this picture of deprivation, it is not surprising that Halton was identified as a local authority that would implement Sure Start services – including a round one service – with five Sure Start programmes now covering more than three quarters of Halton. Early intervention and a concentration on children and families is thus a key element of the intervention strategy at the level of prevention. On the other hand, the family support services provided by Sure Start in the three local programmes examined also fit in with the recommendations made by a detailed research study carried out by an external consultancy, the Social Services Research and Development Unit at Oxford Brookes University (SSRADU, 2002). The key point included in these recommendations was the need to increase the family support services available in Halton at the preventative level and to families at low levels of need, typically at Hardiker levels 1 and 2.

The SSRADU report (2002) was used to inform the development of a family support strategy for the Borough. This strategy made use of existing service needs analyses in Halton (Perry & Thurston, 2002) and consulted extensively with the community via parents, service users and professionals. It reported in 2002 after having identified gaps in the provision of services for vulnerable groups and communities, and for children in need and families suffering early stresses and temporary crises (SSRADU, 2002).

2.4 Conclusion

This section has established that the number of issues that can lead to early stresses in the life of families is complex and varied. These can be seen as belonging to a triangle of interrelated factors: the child's developmental needs; parenting capacity; and, the general family and environmental factors. Research has shown that socio-economic inequality and poverty lie at the heart of the mediating factors that make many of the stress-inducing life circumstances much more prevalent in poor areas than in rich ones.

¹ The eight poorest wards in Halton according to the income domain of the 2001 IMD figures are Windmill Hill, Halton Lea, Castlefields, Riverside, Norton South, Halton Brook, Kingsway and Grange (Halton Borough Council, 2004).

Policy priorities for family support services have enjoyed different conceptual paradigms within the continuum of 'prevention' to 'child rescue' approaches. In the last few years, the preventative approach to family support services has dominated the policy making arena. This is a key element that underpins the creation of services like Sure Start and informs current policy initiatives leading to the integration of services, extension of coverage to all age groups and geographical areas, and the creation of responsive and flexible services based on a different relationship with potential service users. In the case of Halton, the local authority has committed itself to the integration of services for the nought to 19 age group, instead of for nought to 14 age group. Family support services in this new policy universe are based on complex community-based forms of provision that, whilst preventative in nature, are still likely to involve engaging with difficult-to-reach families, and to provide support in an intensive manner.

Chapter 3

Study design and methodology

3.1 Research design

This study was a case study of three different Sure Start local programmes in Halton, which drew on primary and secondary sources of data. The case study sought to provide new understandings of two main questions. The first refers to the programmes' implementation processes; the second, to their outcomes and the efficacy of interventions. Both questions were used to provide a springboard for the discussion of the strengths of current approaches to the provision of family support services used by the three Sure Start local programmes. This report will give some consideration to the successful transfer of Sure Start provision to children's centres.

3.2 Primary sources

The qualitative aspects of the study made use of semi-structured interviews with relevant stakeholders. This included parents, family support workers and allied professionals (including community and neighbourhood parents), and professionals from other services that link with Sure Start's family support services, either as referring or 'receiving' professionals. Interviews were also conducted with professionals who intervene at different levels of need. Table 3.3.1 shows the number of interviews carried out by category of interviewee.

3.3 Secondary sources

The following secondary data sources were accessed:

- Sure Start management information and documentation, including design and delivery plans;
- family support service data, including data about client-related activity (for example case notes, including referrals, assessment of need forms, action plans and follow-up documentation);
- quantitative activity data based on the three Sure Start local programmes' databases to provide a picture of the size and nature of the interventions, tasks and cases that have received a service from the family support programmes under review.

Table 3.3.1 Total number of interviews conducted

Interviewees	Number
Family support workers: managers (1) family support coordinators (3) community/neighbourhood parents (2) family support workers (9)	15
Parents	20
Other professionals:* health visitors (1) social workers (2) dieticians (1) midwives (2) counsellors (1) speech and language therapist (1) other voluntary sector agency workers (1)	9
Total	44

* Figures reflect the number of telephone interviews conducted during a three week period (21/11-09/12). A total of 38 potential interviewees were contacted on average three times during that period. This gives a response rate of approximately 24% for this group of interviewees.

3.4 Research ethics

The ethical considerations of this research proposal fall under an existing research ethics approval from the NHS Research Ethics Committee for the evaluation of Sure Start Trailblazer and New Steps. Part C application form was submitted to the local NHS Research Ethics Committee for the extension of the same study's approval for a third site, Sure Start Seals.

Chapter 4

Sure Start Family Support Services

4.1 Introduction

Chapter 4 presents the findings of the study as they relate to the delivery of family support services in the three Halton Sure Start local programmes. The chapter begins by setting into context the process of implementation of the current model of family support in Sure Start and describes the step by step process of delivery of this model. Interventions are explored in relation to those that take place as part of group-based forms of support, and those that take place on a one-to-one basis.

4.2 The context

The background to the current form of the family support services in Sure Start local programmes in Halton has its origins within the context of the creation and implementation of Sure Start services in Halton. In this regard, Sure Start Trailblazer was not provided with any blueprint for family support service provision that fitted with Sure Start's remit of preventative and holistic support services. The argument has been made that the family support service model prevailing for the Sure Start age group before the current model was implemented was a clinically based, health model of support that concentrated mainly on 'policing' a certain number of physical and developmental stages in children rather than providing broad-ranging forms of support (Interview 02). Supervised on the whole by health visitors, this model of family support concentrated on identifying need and providing advice to parents on issues such as sleep patterns, vaccinations and toileting in children.

The Sure Start model of family support that was subsequently developed was informed by consultation with the local community. This resulted in a family support service that was based on a social model of support. The new approach that emerged focused on families holistically, addressing three main areas; children and their developmental needs; parents and their capacity to care for those needs; and the wider family and environmental factors that impinge both on children's ability to thrive and on parental capacity to realise this goal. This model is, in essence, similar to that employed by social services but with the proviso that it is preventative, thus aiming to intervene in the lives of families before early crises spiral out of control. Thus, Sure Start and social service-based models of family support are similar but distinguished by the level of

need presented by families. This model of family support coexists with others that are age-specific (such as the Branches Project) or service-specific (such as the model of family support introduced as part of the Behaviour Improvement Plan that is attached to schools).

Besides being preventative, this model of family support is all encompassing, integrating specialist service provision for specific needs into the broader remit of Sure Start. According to one family support coordinator:

'It was all about bringing some order to all the services that parents in the past used to get. Parents with multiple needs used to have many specialists involved with them and it was all a mess. Professionals didn't know what others were doing and parents were confused and lost.' (HFS01).

Thus, the service appears to have moved to a situation in which there are higher levels of support available, provided within a broader, more holistic understanding of the family and of the environmental circumstances that affect the family's physical, social and psychological well-being. Professional family support workers can coordinate the individual efforts of a range of specialists who can contribute to the overall service. The following section explores the family support service process that underpins this new model.

4.3 Family support in Sure Start: service process

Sure Start provides universal services to communities within predetermined geographical areas. However, eligibility for services within the geographical boundary is governed by the age of the children in the family. It aims to improve the health and well-being of families and children from birth to the age of four (Sure Start, 2005). Sure Start family support services in Halton have a number of characteristics. They are services that:

- form part of the complex, community-based offer of services for families and children in Halton;
- provide support for families experiencing any level of risk, from early crises, to those whose level of need has forced the intervention of statutory agencies such as social services;
- provide a holistic approach to each family's needs and a corresponding level of family support;
- are based on a thorough assessment of needs;
- use the home visit as the main setting for initial contact;

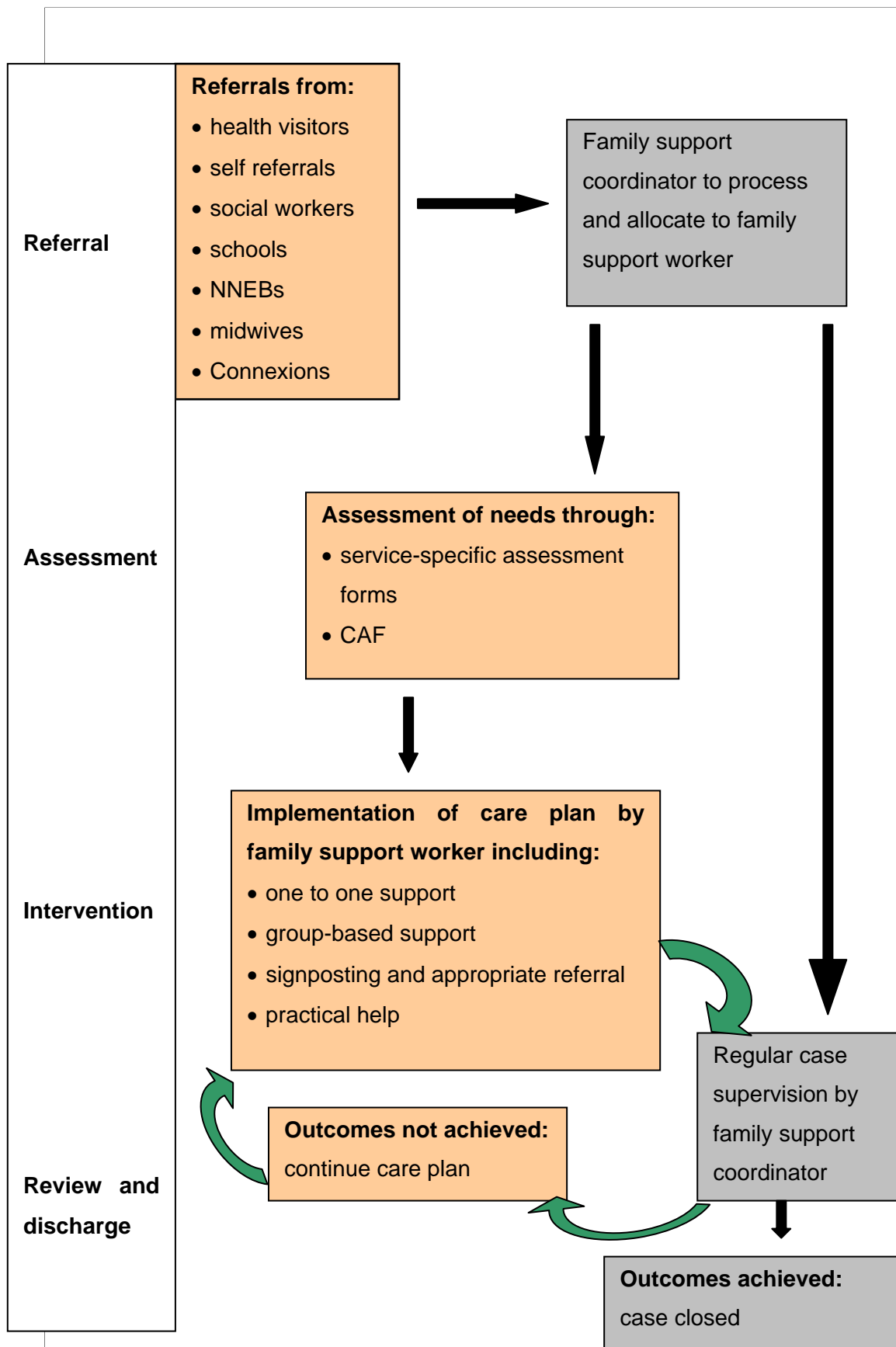
-
- based on high levels of professional-client interaction;
 - have the general aim of preventing the escalation of problems in families by providing support and increasing resilience and self-reliance;
 - are based on the voluntary and free engagement of families;
 - help tackle a range of issues that can go from advice and support, to behaviour management and parent-child relationships.

This section aims to describe the mechanisms and processes involved in making this new service work. Family support in Sure Start can be defined as a ‘complex’, community-based intervention, which works through assessment principles, identification of needs and provision of tailor-made interventions. At its most basic level, every ‘complex’ intervention can be understood in terms of its ability to:

- target and meet the relevant population;
- carry out consultation with local families;
- assess and understand the needs of that population;
- provide the interventions, services and support that meet the needs identified in the target population;
- provide services that result in benefits to the population served that go towards meeting outcomes set for the wider policy area in which the service is located, in this case, services for children and families.

The family support service is individual and specific to each of the Sure Start local programmes explored. However, all share these basic characteristics. The following sections provide an understanding of the Sure Start family support service process. Figure 4.3.1 illustrates the family support service process and care pathway based on the model of referral, assessment, intervention, review and discharge.

Figure 4.3.1 Family support service process and care pathway



4.3.1 Step 1: referrals and entry into the family support service process

The family support service receives referrals from a variety of sources, including universal service providers such as the health service, nurseries, primary schools, Connexions, the Citizens Advice Bureau, as well as social services. Within the health service, referrals have been received from GPs, health visitors, midwives, community nurses and so on. The relevant service can make a referral to Sure Start family support services, with the consent of the family, if they think that the family might benefit from family support. In the case of social services, family support coordinators also attend the Resource Panel where individual family cases are discussed and allocated to specific agencies.

There were other routes by which families entered family support services. Families can self-refer to the service if they are experiencing difficulties. A significant number of referrals appear to have been received directly from parents who have heard about the service through 'word of mouth', an indication that Sure Start family support services are starting to 'bed in' and becoming known by professionals and parents in the local communities.

The wide range of Sure Start group activities that are focused on improving parental self-confidence, knowledge about child development, parenting skills and so on, attract a number of local families who can then approach group leaders – some of whom are family support workers – with specific requests for help and support. This is a characteristic that is highly specific to Sure Start centres as they provide a focus for community development through the establishment of social networks and generation of social capital for the families who use them. In principle, all families in the Sure Start area can be registered at the antenatal stage and are offered the opportunity to receive an additional visit where a first baseline assessment can be carried out and gaps in knowledge and skills can be met. The three programmes offer a post-registration visit to each family, and offer family support, at the earliest possible stage if required. This highlights preventative working in its strongest form.

Figure 4.3.1.1 shows the total number of referrals within each Sure Start local programmes, as well as the total for the 12 month period October 2004 to September 2005.

Figure 4.3.1.1 Total number of families referred for individual family support

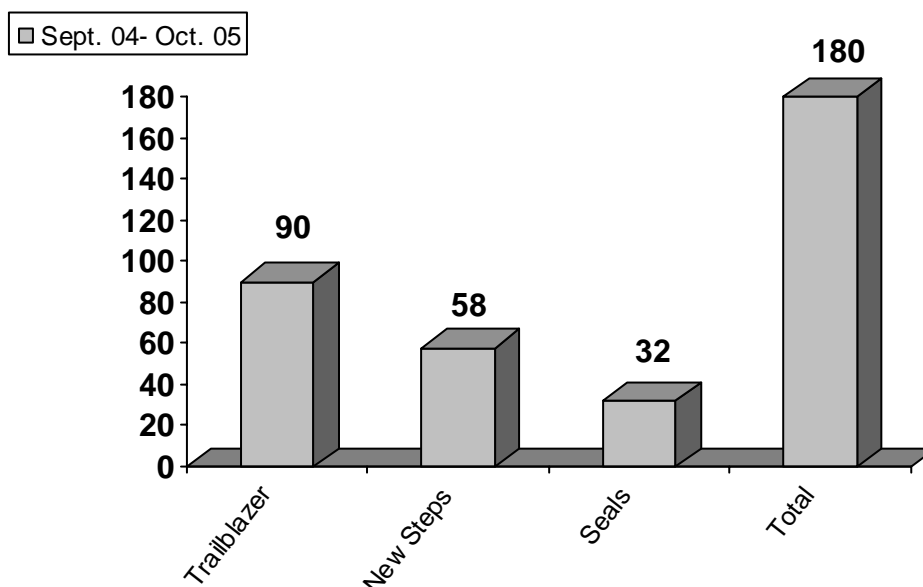


Table 4.3.1.2 shows the sources of referrals to family support services in the three Sure Start local programmes studied. The final column shows the total number of referrals and the corresponding percentage of the total. Four main sources constitute more than 80% of the referrals to family support services. In terms of service providers, the largest proportion of referrals come from health visitors, followed by social services, the combined referrals of which amount to almost half of the total. The other main sources of referrals in the top four are self-referrals (with 20% of the total) and referrals made by a wide range of professionals working within Sure Start local programmes, (with 15% of the total). This includes speech and language therapists, portage workers, midwives and so on.

Table 4.3.1.2 also shows some differences between the local programmes. Firstly, there are differences in the total number of referrals between the three programmes, with Sure Start Trailblazer having received almost double the number of referrals compared to Sure Start New Steps, and three times as many as Sure Start Seals. However, there are explanations for these differences in the number of referrals. The first is that the three programmes went 'live' at different times. In the case of Trailblazer, the programme has been offering family support for more than five years whereas the family support service in other areas have been fully operative for less than two years. As a result, the programmes have had less time to embed within the local area, with the result that potentially referring professionals such as health visitors do not yet fully exploit the family support resource available.

Table 4.3.1.2 Breakdown of sources of referral to Sure Start family support service (October 2004-September 2005)

Source	Trailblazer	New Steps	Seals	Total number (%)
Health visitors	34	19	12	65 (36.1%)
Self-referrals	17	16	3	36 (20%)
Internal (from Sure Start staff)	14	4	9	27 (15%)
Social services	14	9	2	25 (13.8%)
School	3	3	2	8 (4.4%)
Unknown	2	5	1	8 (4.4%)
Midwives	1	1	2	4 (2.2%)
Connexions	1	1	0	2 (1.1%)
Speech and language therapist	1	0	0	1 (0.7%)
Education welfare officer	1	0	0	1 (0.7%)
Other VCS agencies	2	0	1	3 (1.8%)
Total	90	58	32	180 (100%)

This issue is compounded by the very different programme arrangements that exist in Runcorn, where Seals operate, and Widnes. In Runcorn, Seals is only one of three Sure Start local programmes with different referral systems for accessing family support, whereas New Steps and Trailblazer benefit from higher levels of programme integration in Widnes. Trailblazer and New Steps have some joint commissioning of services and hold joint Service Level Agreements, with, for example, the Kings Cross Project and the community parent programme it sponsors. Trailblazer and New Steps have also developed a close working relationship with Social Care Team 3 based in Widnes and often work in partnership with social workers to support families.

Besides this, the organisation of family support services themselves is specific to the individual local programmes. For example, New Steps has employed nursery nurses to tackle some common aspects of children's health and development such as sleep routines, toileting and weaning and their referrals have not been accounted for in this

programme. The other two programmes, however, do not employ nursery nurses and, as a result, family support workers are dealing with these issues. This explains some of the imbalances in the absolute referral figures for the various local programmes.

4.3.2 Step 2: allocation of cases and initial contact

Once the referrals have been received, the family support coordinator in each of the local programmes reviews and discusses the cases in a variety of ways, including discussions with the referring professional, in order to gather more information on the case that has been referred. This initial contact with referring professionals also serves to carry out a risk assessment for the purposes of visiting families and delivering a family support service in their home.

After some basic information about the family and the issues leading to their referral to the family support service has been collected, the family support coordinator allocates the case to a member of staff who will provide family support directly to the family. This can be a family support worker, a nursery nurse or a community or neighbourhood parent who will then complete an assessment of need with the family.

Community or neighbourhood parents are different names for roles that are similar, and which are currently in the process of development in the three Sure Start local programmes visited. Generally, they offer support to families with less complex needs where these can be met through a buddy or befriending system. The roles are developing separately with two distinct models that include a volunteer system of workers or a system of paid workers.

Family support workers comprise a range of professionals with varying skills, which includes, nursery nurse training and various degrees of child care development training. Family support workers have a caseload of families that they work with through regular contact and provision of direct and practical support, advice, guidance, referral to appropriate and/or specialist services, and the coordination of interventions carried out by other professionals.

The service's ethos is to develop a close working relationship with the family. In order to achieve and maintain this, the service insists that the referring service makes referrals in close collaboration with the family in question and with their knowledge. This is the basis on which it is understood that the first contact with the family takes place in the form of a home visit. The family visit in the home serves to discuss those

problems of concern and to begin the process of a thorough assessment of need, a process that, according to family support workers, never ends for as long as there is a relationship with the family. The outcomes from the first meeting can include 'no further action' (if the family do not want to engage), 'redirection to other services' (if family support is thought to be inappropriate) or 'family support' to be provided. This process is illustrated in Figure 4.3.1 on page 14.

4.3.3 Step 3: contact with users and implementation of care plan

After initial contact and assessment of needs, the family and family support worker identify and agree a care plan to guide the implementation of interventions and monitoring of progress. This is a process that takes place through a close working relationship with the family and regular visits to the home. It is also a process that is regularly monitored and reviewed. The service process requires that a review of interventions and progress made is carried out on a regular basis with the family, a process that is reproduced between family support workers and family support coordinators. After every formal review, a decision is made as to whether the service and interventions put in place are working, whether they need more time to continue to make an impact, whether interventions need to be changed and new ones implemented instead, or whether all objectives set in the care plan have been achieved and the family is ready to exit the service. This regular cycle is repeated for as long as the family is making progress and service involvement is thought necessary by both parties.

A further quality check on the service process and the adequacy of interventions implemented as part of a care plan is provided by the supervision that takes place on a regular basis between managers and individual family support workers. This 'in house' form of management is an important element of the quality assurance systems in place in all three Sure Start local programmes.

Table 4.3.3.1 shows the main reason for referral of families to family support services. However, concomitant needs are often identified and addressed after subsequent assessment.

**Table 4.3.3.1 Main reason for referral of families to family support services
(October 2004-September 2005)**

Main reason	Trailblazer (%)	New Steps (%)	Seals (%)
Behaviour support	20 (21)	4 (6.7)	13 (37.1)
Parenting advice	11 (12)	24 (42.2)	0
Early years learning and development	10 (11.2)	0	4 (11.5)
Sleep	9 (10)	1 (1.6)	0
Anxiety/depression	7 (8)	1 (1.6)	6 (17.2)
Sure Start groups	7 (8)	7 (12)	0
Emotional support	6 (7.3)	0	0
Toilet training	5 (6)	0	0
Housing support	5 (6)	0	0
Home safety issues	4 (4.6)	0	0
Isolation	3 (3.3)	16 (27.5)	9 (25.8)
Citizen Advice Bureau	2 (2)	0	0
Crying	1 (0.6)	0	0
Family dynamics	0	0	1 (2.8)
Practical support	0	3 (5.1)	1 (2.8)
Other	0	2 (3.3)	1 (2.8)
Not known	0	0	0

4.3.4 Step 4: case closure

Disengagement with the service and closure of cases normally takes place with the agreement of the family, family support worker and manager after all the objectives have been achieved. Interviews with service professionals and a review of anonymous case files revealed that longer lengths of involvement with individual families tend to lead to managed forms of disengagement more frequently than those in which there has not been enough time to build a trusting relationship.

All the above steps can be understood as a sequence that describes the family support service process. They can contribute to an understanding of the service in a variety of ways, including the service's ethos and the way in which it organises its delivery and management of support to families. The next section provides further detail of the services offered by the Sure Start local programmes studied.

4.4 Family support services in Sure Start: interventions

Interventions are tailor-made to the needs presented by the family and can be divided between those that take place as part of group activities and those that are offered on an individual family basis. This is the part of the service process in which family issues, problems or crises are regularly identified, evaluated and addressed between the family support worker and the family concerned in order to improve the situation or prevent it from further deterioration. Some of the main reasons for referral as well as the different types of interventions are described further below and in Chapter 5.

4.4.1 Group-based interventions

Sure Start local programmes offer a range of services that are available to anyone living in the relevant areas. Some of these are delivered by family support workers in those cases in which the specific form of provision constitutes their area of expertise. However, all are designed to offer a full menu of group-based interventions that help reduce post-natal depression, increase parenting skills, increase the social and emotional development of children and generally improve the quality of life of families that take part in them.

- Breastfeeding Group: offers midwife advice and self-support for breastfeeding mothers or pregnant women wanting information about breast feeding.
- Baby Massage: stimulates parent-baby bonding and interaction and improve relationships.
- Baby Yoga: stimulates all systems of the baby, develops parent-child bonding and improves language development.
- Bumps to Babes: groups are run by midwives and family support workers for mums and their partners. This group offers pre- and post-pregnancy advice and support to parents during the first stages of their child's life.
- Peers Early Education Partnership (PEEP): consists of a series of groups for parents and children designed to improve and stimulate children's development. The groups are delivered as Baby PEEP 0 to 1, 1 to 2, 2 to 3 and 3 to 4.
- Coping with Kids: a short four week course to help parents implement behaviour management techniques with their children.
- Pressure off Parents (POP): a seven week parenting course to help parents with a range of child care issues and behaviour management techniques with their children.
- Webster Stratton: this is a more intensive behaviour management course for parents that lasts 12 weeks.

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- Family Outings: low cost outings and day trips for parents and children, the aim of which is to promote and give families the opportunity to partake in new experiences.

Many of these interventions are based on validated programmes with evidence to suggest that they have a positive impact on children's development and behaviour and parental capacity. The Webster Stratton behaviour management course for parents and PEEP, in particular, have been the subject of high levels of scrutiny and evaluation in the past and are listed in the children's centre guidance (Webster Stratton, 2001; PEEP, 2006).

4.4.2 Individual family support

Individual family support is here referred to as the process of individual engagement that takes place between a family and a family support worker for the purposes of offering family support. In the case of families who are assigned a family support worker, there is an understanding that their needs are likely to be more complex or intractable than those that can be met by simply participating in a group activity on a regular basis. In these cases, family support will constitute the range of interventions specified in the care plan to tackle early stresses and needs. These are likely to be specific to each family and to individual members within that family, as illustrated below.

- Practical help to parents and families

Practical forms of help provide flexible and responsive support when and where it is needed and are designed to increase independence. This can range from good quality child care while parents access other services, to home visits at specific times of the day. This might include support with routines and help to develop the skills to manage child care tasks.

- Parenting skills

A large percentage of the cases dealt with by family support workers include the provision of specific parenting training and skills. Although these are often provided in the form of group activities, they can be reinforced on a one-to-one basis, or it might be necessary to adapt some of those skills to specific circumstances.

- Advice and information

This can range widely and include any issue in the triangle of aspects that affect a child's welfare – including the child's developmental needs – parenting capacity, and family and environmental factors. Examples of the areas of advice provided that correspond to the first category include sleep routines, behaviour management, and practical advice on subjects such as toileting and weaning process. Other examples of the range of topics that family support workers provide advice on include advice to parents on ensuring the safety of their child in the home and advice on the family's social integration in the community.

- Referral and coordination

Any of the types of help that might be required by a family might fall within the specialist knowledge of other professionals. A key role of family support workers includes the referral of families to appropriate sources of help, the negotiation of relevant services to meet their needs, and the coordination of different providers involved in the lives of families. Family support workers often refer families to an extremely wide range of specialist providers. This includes speech and language therapists, voluntary organisations to meet specific needs, housing associations, the Citizens Advice Bureau, adult learning, counselling and so on. Many of these services are provided 'in house' as they are part of the Sure Start local programme or are 'bought in' by Sure Start.

All the above types of individual family support services are based on multi-agency working, only possible through the sharing of protocols, assessment and information between the various stakeholders. In many respects, the processes described in this document prefigure the aims and objectives of the Common Assessment Framework currently being introduced in Halton.

4.5 Conclusion

This chapter has described the context in which the Sure Start family support services reviewed in this document were born and the preventative model of intervention and service provision underpinning them. It has also provided a snapshot of the model of service provision by which individual family support services are provided in the Sure Start local programmes reviewed. Finally, the chapter has provided a snapshot of the types of interventions that constitute family support services, making a distinction between group interventions and individual family interventions. Although some of the

professionals interviewed emphasised a narrow definition of family support as the activities conducted by family support workers with individual families, this review has illustrated that both are part of the same process of supporting families. The next chapter describes the ways in which these interventions can effect improvements in families.

Many of these improvements affect families by acting upon the individual (for example, by increasing the parenting skills of individual parents) but can often effect changes at the community level. By encouraging the inclusion of 'hard to reach' families and supporting them to attend services for the first time, family support workers, as well as community and neighbourhood parents, can have a positive effect upon the communities in which they work because they increase formal and informal family networks and social capital.

Chapter 5

Family support services: outcomes

5.1 Introduction

This chapter explores further some of the characteristics of Sure Start family support services that have been outlined in the previous chapter. It presents the various types of outcomes that can be attributed to Sure Start family support services as have been observed and discussed with parents throughout the research process. It includes an understanding of parents' perceptions of Sure Start-based family support services and explains the nature of the engagement and relationship that exists between Sure Start family support services and local families. Although the objective of this chapter is to report outcomes that can be evidenced as a result of an independent service evaluation exercise, it is noteworthy that the Sure Start family support services explored in this report carry out regular internal assessments of their own practice in order to implement changes and maintain high standards of service.

5.2 Sure Start family support services: outcomes

These are presented in terms of the descriptions provided by the families and professionals who were interviewed. The exposition follows the three interrelated levels that can affect a child's welfare which were introduced earlier in the report. They constitute the basis on which the assessment carried out by family support services takes place, including assessments in those Sure Start local programmes in which the Common Assessment Framework is currently being piloted, such as New Steps.

The exploration of some of the outcomes that parents and professionals discussed during the interviews has also been made in relation to some of the most common 'categories of need' reported in the last year by the various Sure Start local programmes reviewed. These were:

- behaviour management in children;
- children's daily routines, linked to parenting capacity and to children's emotional and behavioural development;
- mental health problems in children and in parents, including post-natal depression;
- myriad forms of practical help in families with low resources and lacking in social networks, extended family or friends who can help;

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- social isolation, which was often linked to poor social relations, mental health needs (including depression), poverty of local community relations due, often, to high crime or the perception of high crime, problematic family dynamics such as divorce and separation, domestic violence and so on;
 - budgeting, which was often associated with poverty and more widely linked to unemployment, access to benefits and the availability of housing;
 - literacy and numeracy.

5.2.1 At the level of the child's developmental needs

It feels redundant to emphasise that the central objective of preventative family support services is to increase the welfare of the child. The outcomes framework set out in *Every Child Matters* (DfES, 2003) was published in 2003. However, the Sure Start local programmes and their work towards the achievement of these outcomes precede *Every Child Matters*. In relation to behaviour management, parents were receiving support for behaviour management either through groups or on an individual basis as part of the home visiting service. In one case:

'He [child] is behind and he can't communicate very well with children of his own age so he lashes out all the time. In the nursery, they wanted to remove him after a couple of weeks. So their [Sure Start] help is really good because now I can control him.' (Interview 18).

Although the developmental need of the child had its origin with him, the outcomes were expressed in terms of benefits for the child as much as for the parent's own sense of control of the situation. This was typically the case with almost every outcome described by parents and professionals in the interviews.

Sometimes changes in children's behaviour had been observed to be the secondary or an unintended consequence of other interventions, or of interventions designed to provide different outcomes. In the case of food workers and dieticians, they provide an outreach service in which professionals visit the home to work with parents through basic cooking techniques that can allow them to prepare simple, nutritious meals within the budgetary means of the family. The service is part of a healthy eating programme that can help families prepare special diets for children with food allergies or special diets required for specific conditions like food intolerances. It can also provide help and information as part of a wider lifestyle change in which food takes a new dimension for the family. For example, one parent said:

She [family support worker] asked me if this woman could come to the house and like talk me through some recipes and at first I thought ... oh my God but then it was really good and the little one comes and helps so I can keep an eye on him instead of worrying about what he'll be up to in the living room where I can't watch him.' (Interview 40).

The work of food workers and dieticians is not directly relevant to the activities carried out by family support workers. However, family support workers are the first professionals to identify the need for food support worker interventions and often need to convince the families of the potential benefits of improved culinary skills. Carrying out the appropriate diagnosis and referral of families to other service providers are key skills in family support workers without which the benefits derived from the intervention *per se* would not be achieved. It is therefore appropriate to consider family support workers as the key professional link that makes possible many of the outcomes and impacts observed in families, even if they are not always delivered by family support workers themselves.

Finally, a large part of the interventions provided by family support workers had a direct focus on the child's development needs and might have been provided in the past by family support services as part of a more clinical model of provision. In the case of a number of family support workers with nursery nurse qualifications and experience, there was a tendency to emphasise these aspects of their work, recognised also by parents as a legitimate area of intervention. To illustrate this, one family support worker said:

'A lot of our work is based around things like weaning and toileting, especially with first time parents who either don't know how to go about it or don't have anyone they can ask. Sometimes they get stressed out for nothing and sometimes there is a problem. We help them either way.' (Interview 06).

5.2.2 At the level of parenting capacity

The knowledge and ability of parents to exercise their parenting responsibilities on their children are commonly linked to aggressive, oppositional behaviours and the reason why many parents attend parenting groups and activities designed to improve their behaviour management techniques. However, the debilitating effects of depression, in particular postnatal depression, was emphasised by parents and professionals alike, as it emerged in discussions as a common and representative example of a potential host of reasons that could prevent parents from parenting effectively. A mother with a two year old who recalled going home from the hospital with a newborn baby said:

'I just thought the whole world was crashing down. I never thought I would get postnatal depression because I am a strong person. But I just couldn't, couldn't leave the house, couldn't eat, couldn't get dressed ... and [child's name] suffered for it. I tell you, if it hadn't been for [family support worker] I don't know where I'd be.' (Interview 20).

The difficulties associated with caring for a child in the midst of depression were further reinforced by lack of access to friends, family and informal sources of help. Social isolation and the lack of wider family networks might not in themselves be the causes of poor parenting and the source of an inability to provide basic care, emotional warmth or behavioural guidance and boundaries. However, when other problems are present, social isolation and the lack of family and friends can be significant compounding elements affecting a parent's ability to provide effective parenting. A mother linked these two elements together while recounting her experience of motherhood:

'After [child's name] was born, I just lost the plot for a while. I hated [partner's name] and everything, ... and then I didn't have my mum around ... they live in [place name] you know, so I was just going mental in the house all day.' (Interview 16).

In those cases where social isolation and lack of contact with other families is a risk factor, family support services might directly intervene to ensure positive contact for both parent and child with the wider world. Many of the group sessions in Sure Start centres are designed precisely for this purpose. In the case of a mother who recalled her experience of attending a pampering group, she was able to explain the positive mental effect of adult contact and the reverberating effects of this on the child:

'If you have an hour to collect your thoughts and be yourself and have an adult conversation while the baby is in the crèche, then ... he gets the stimulation of other babies and you get a bit of peace and in the end you can get back to your child and the time you spent with him is quality time, you know? It makes you better with him.' (Interview 13).

In this regard, Sure Start centres are a hub of community life and activity. Parents argued that whereas their lives were characterised by social isolation, lack of friends in the local community and reluctance or inability to join in community groups, Sure Start centres fulfil that role by providing a safe and friendly environment in which to increase their social networks. In addition, they also provide safe and high quality child care with opportunities for the children's social and emotional development.

5.2.3 At the level of family and environmental factors

The final side of the triangle that informs the assessment protocols of the family support services studied is the family and environmental factors. This might include a whole range of issues that go from the family's integration in the local community, to the wider issues of employment (or the lack of it), housing and family functioning that might impinge on the welfare of the child. In the case of one mother interviewed, the interrelated issues of personal safety for the family and housing problems were key elements in the family's crisis and the points of intervention by her family support worker:

'My partner is a traveller and we've had loads of hassle from some of his former mates ... like he got beaten up once and ... in the end we had to move away. Thank God for [family support worker] because she wrote to housing and I think that's why we managed to move in the end.' (Interview 19).

The interviews and conversations with families revealed a sense in which as some of the wider environmental issues become more important, the complexity of the range of issues affecting everyday life became greater. Social isolation could be only one of the consequences of a life of domestic violence or substance misuse in parents. Deteriorated neighbourhood relations and the inability to keep basic living conditions in the home due to chaotic lifestyles, compounded by the lack of employment, income, friends, mental health and, sometimes, basic literacy needs, made the involvement of statutory services in the lives of some families inevitable.

Yet, even at this stage, where genuine concerns existed about the ability of parents to raise children and safeguard their welfare, Sure Start-based family support services were able to maintain a presence in their lives. This often happened in parallel with other agencies such as social services, where Sure Start family support took on a preventative role focused mainly on the prevention of further family deterioration and on the provision of support geared towards maintaining coping mechanisms and avoiding the removal of children from parental care. Even in these cases, the family support services explored were able to maintain a meaningful and trusting relationship with the family and to avoid further deterioration. This is how one parent described the role of her family support worker:

'She is like really good. She tells me if like the house needs cleaning and that when they [social services] come and then she explains what they said to me. She is really nice, and doesn't look down on me.' (Interview 12).

5.3 Explaining positive outcomes in children and families

Interviews with professionals and parents were used to understand how Sure Start family support services can achieve positive outcomes for children and young people. These explanations are distilled below.

- The family support model presented here is a complex, community-based model of service provision based on the accurate assessment of need of the family in broad, holistic terms. This holistic understanding can then lead to the implementation of multi-layered interventions, described in the previous section, designed to effect changes in the various areas of need concurrently.
- The family support workers are able to arrange, coordinate and advocate for their users in relation to the work of other, specialist services.
- The service is characterised by a professional-user relationship marked by a developmental approach to creating strong bonds and a climate of trust. In this regard, parents described their relationship with Sure Start staff as *'unlike their relationship with any other service or professional'*, arguing that it did not make them feel judged or looked down upon. According to one parent:

'They are more like your friends, you see? They have time and they listen to you. My GP, basically is just not listening and is kicking me out the door before I've managed to sit down. Here, they have experience of their own with, like, children, and they understand where you're coming from. And you can tell them what you think without them looking at you as if you were mad.'
(Interview 32).

- Parents argued that they feel they are asked for their opinions about the course of action to take over issues and problems and that they feel empowered as a result. The service aims to put service users in control rather than demanding they relinquish it. In a similar vein to the argument made by the parent above, the quotation below described family support workers as people who were emotionally closer than even certain family members and who could, as a result, enable rather than stifle the decision-making process of individuals in distress.

'Lots of people just tell you what to do don't they? When [child's name] was born and I was really bad, you know, I know that my own family thought I was an unfit mother and they'd think, depression, that's like nonsense. But with her [family support worker] it's different because she doesn't boss you around and ... like she makes suggestions instead and she makes you take

decisions instead of telling you what to do; you know what I mean?' (Interview 34).

- The model is able to operate with no waiting list and can offer flexible and responsive help when it is needed. In all of the three Sure Start local programmes explored, contact with parents takes place generally five days after referral, with a home visit to carry out an assessment of need as soon as possible after that.
- The confidence and trust of families in Sure Start services in general and family support services in particular has developed over time. A number of families interviewed had particularly negative perceptions about the areas in which they lived and referred to a lack of neighbourliness and common decency. Deep suspicions of other people were reported and a general sense of alienation that led to low expectations from services. Sure Start has had to battle against this background with large doses of goodwill and appears to have been largely successful in being accepted by local communities.
- Families perceive no difference between group and individual forms of support, making the individual form of family support devoid of any stigma. This might be in part because the same family support workers are also involved in delivering group sessions and there are high levels of cross-fertilisation between them. This is also an advantage in terms of the service's ability to identify families in need of help as this can, as is often the case through group participation, take place in an organic, developmental way.
- A large aspect of the preventative benefits of Sure Start has to lie in the service's ability to build community cohesion and social capital by bringing people into the centres and encouraging the creation of informal social networks among families and children.
- The above point seems particularly relevant to Halton in general as the comments from parents consistently demonstrated a lack of access to public places for fear of crime. Also, community cohesion was a particular challenge in certain areas such as West Bank in Widnes or in areas such as Castlefields and Halton Brook, which are divided by the expressway, and where people

were reluctant to take part in events or service provision that took place outside of their immediate community.

Many of these issues are succinctly summarised in the views of a professional:

'The model of family support work is a very complex model that includes the workers being advocates, providers, advisers, listeners and counsellors to families. We also try to offer a community development approach to all our work. We have fun days and outreach with fathers and with hard to reach groups. This is very different to more conventional approaches to service delivery. It means there is a very different relationship with professionals, a different ethos, and that it is about being responsive. It is also about accepting that you don't always have all the answers and about starting from where the family is at. You have to start with them to encourage a positive relationship as a process with families.' (Interview 10).

5.4 Conclusions

It is important to indicate that many of the outcomes that the family support service reports – and that were corroborated by families interviewed – are 'global' outcomes that affect both parent and child at the same time, or 'indirect' outcomes. These can be understood as linking to the five main outcomes in the *Every Child Matters Outcomes Framework* indirectly by virtue of intervening only on parents. Many of the interrelated parenting capacities, such as providing basic care, ensuring stability and so on, that might follow from an atmosphere of family stability and adequate housing will have positive effects on the child but only indirectly. Therefore, attributing causality to outcomes on children is very difficult, especially when interventions are directed primarily at parents. However, Sure Start family support provision directly contributes to improving parents' capacity to support their families in ways that are likely to have a myriad of benefits for children. In this sense then family support provision contributes towards enhancing the quality of family life through changing the nature of the settings within which children grow.

Chapter 6

Discussion of key issues

6.1 The family support service

The family support service explored in this report is a community-based, complex service that contains the following characteristics:

- it is based on a holistic understanding of each family's needs and factors affecting family life and child development;
- it is based on a professional-user relationship characterised by a climate of trust;
- trust is generated through a developmental approach to creating strong bonds between service user and professional, parental empowerment and control of decision making. Trust is also reinforced by the voluntary nature of the relationship;
- parental engagement with professionals is characterised by a high quality relationship leading to improved self-knowledge and decision making regarding managing early crises;
- Sure Start-based family support services are provided on the principle that the family is allowed to define what their perceived issues and problems are at any given time.

The description of family support services that has been made in this report has distinguished between the one-to-one support that is provided by family support workers to individual families and group-based interventions. The latter are sometimes delivered by family support workers and 'prescribed' to individual families but are normally open to the community. However, it is worth noting that families interviewed do not see any difference between individual and group forms of support. For them, these were part of the same package, partly because the same individuals were seen to be involved in delivering both, and partly because there were high levels of cross-fertilisation between them. Thus, families being seen on a one-to-one basis at home might join a group activity (for example, baby massage) as part of the process of recovery and families attending groups might use this form of service to increase the confidence needed to approach a family support worker with specific issues of their own and request that form of support.

In this regard, the family support worker can be seen to act as the bonding mechanism between the range of group activities in Sure Start centres that is available to all, and the specialist support for those who need it that may be made available in Sure Start centres and beyond. This included speech and language therapy, as well as access to Citizens Advice Bureau, lifelong learning advisers, Connexions, counselling services and so on.

An element of Sure Start family support that has perhaps not been given prominence is its community development aspect. Sure Start centres visited are a hub of community life and activity and many parents argued that whereas their lives were characterised by social isolation, lack of friends in the local area and a reluctance or inability to join in community groups, Sure Start centres were able to fulfil that role for them. This was possible by providing parents with a safe and friendly environment in which to increase their social networks and their potential for carrying out activities, supported with safe and high quality child care with opportunities for the children's physical, social and emotional development.

6.2 Strengths of the current model

The family support service model that has been explored in this report can be characterised in the following way. At the level of its understanding of the family, it is broad and holistic. At the level of ethos and approach, it can be characterised as preventative and non-judgemental. At the level of delivery, it is integrated and responsive. On the basis of that, it presents a series of advantages over other models of family support that are further explored below.

- Sure Start family support services are based on a holistic understanding of families and the range of factors that can affect family life and child development. Instead of the partial professional knowledge that characterises individual professions, family support workers encompass a holistic understanding of the range of issues that affect the well-being of families. This is evidenced by the extremely wide range of issues that the service considers and deals with when providing support for families. It is also manifest in the range of issues included in the needs assessment (from child development to parenting needs, to environmental issues) and in the principle of starting from where the family is at.

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- Family support is broad and varied. The form and level of intensity family support takes with individual families depend on the needs presented by that family. Whereas some families will only require a minimum intervention involving signposting and referral, others will need much more in-depth involvement in their lives to provide practical and emotional support, advocacy, advice, guidance, and referral to other services when necessary. This high level of support might be sustained for a long time. For example, as one parent said:

'Without them [family support service] I don't know where I'd be. I had lots of problems with my house like ... hmm there were lots of druggies and alcoholics next door and I was getting so much agro and if she [family support worker] hadn't been there for me ... I don't know, I was just so worn out by it all. That thing really knocked me down ... and then social services started to come out to the house and ... I was just losing it but she [family support worker] she was always there for me and she really helped me get back on my feet. It's been more than a year but I'm coping alright now.' (Interview 32).

- The family support service explored here is preventative in its approach. As the above quotation makes clear, the principle of prevention in this case does not necessarily imply that there is a low level of need. Instead, it points to the need to manage situations and crises and prevent further deterioration. Family support services can act to contain situations before they spiral out of control.
- Part of the reason that explains the service's ability to intervene in families in crisis situations is the highly effective communication and engagement skills that characterise their practice, coupled with a non-judgemental approach to building a professional-service user relationship. High quality relationships between professionals and service users are characterised in turn by high levels of trust, service-user empowerment and in many case, improved self-knowledge and decision making ability regarding managing early crises.
- The service presents high levels of interconnection between family support and other specialist services. The Sure Start local programmes reviewed have developed service level agreements with a large number of specialist services. This leads to easy and quick referrals to specialist services (for example, counselling, or speech and language therapy), making the service both flexible and responsive to need when families require.

6.3 Weaknesses

- Sure Start local programmes were originally set up to cover small geographical areas in order to make them responsive to local need. The result is a series of programmes that effectively respond to specific local needs within a single Sure Start identity. Differences between local programmes need to be understood within the context of the need for a balance between a national Sure Start identity and the ways in which local programmes respond to local need.
- Some workers considered that family support services in Sure Start are simply not taken seriously enough by some professionals, which might lead to reluctance to engage, refer families or take seriously requests for help. This lack of interest from other agencies was explained by a mixture of apathy, lack of knowledge and resentment at the relatively high profile of Sure Start.
- Differences in provision in various areas might act as a barrier to statutory sector professionals who are unable or unwilling to refer families to Sure Start provision because they are not entirely sure of what postcodes are within which Sure Start area. From the point of view of Sure Start, service provision boundaries could also affect the service's image in the community by denying services to families outside catchment areas for reasons that are difficult for families to understand (although in practice, this rarely happens). In any case, the forthcoming removal of boundaries in April 2006 will eradicate these problems.
- There is not a single Sure Start identity to emerge from the five local programmes in Halton. Certain differences in the way each local programme links with individual services remain. For example, New Steps receives more referrals from health visitors than Seals and Sure Start Trailblazer shares the biggest number of cases with social services. As a result, generalisations can be made about Sure Start that are based only on very specific cases and programmes.

6.4 Issues for future consideration

Family support is to be part of the core offer of the children's centres. Given the central nature of family support as a core element of current Sure Start local programmes, it seems important that a formal and open discussion of the shape and form of family

support in the future children's centres should take place between current and future stakeholders. This would guarantee the integrity of a core element of provision in the new policy arrangements. What follows is a discussion of some anxieties about the future – expressed by professionals – that emerged from the interviews with family support staff.

6.4.1 Fears about the future

The fears about the future expressed by family support staff are twofold. On the one hand, there are high levels of anxiety among family support workers and Sure Start staff about the continuity and conditions of their employment after March 2006. On the other hand, there are fears about the shape and integrity of the current level of service provision. The former requires clarification at the earliest opportunity in order to maintain experienced staff in post and prevent a mass exodus of skills and experience. The latter is based on a number of paired opposites; between further integration and the ability to respond to local need, and between greater coverage (of age groups and geographical areas principally) and the relative importance that the nought to four service might have in the new arrangements.

In order to capitalise on the strengths of the Sure Start model within the context of children's centres a balance will need to be struck between further integration and standardisation of service provision on the one hand, and the flexibility of local children's centres to respond adequately to local need. It is also important that all families are able to receive help and support regardless of the age of children, but that the preventative and responsive approach keeps the early detection of developmental needs in children at the top of the list of priorities and does not degenerate into a system of 'crisis management'.

These fears emerge from contradictions between the language of prevention on the one hand, and tackling social exclusion through targeted interventions on the other. Recently, the media have widely reported on the alleged 'failure' of Sure Start to stem the cycle of poor indicators on children from their areas of provision as compared to those areas of comparable deprivation but without Sure Start services. Researchers argued that their findings suggested that, within Sure Start areas, those who were able to make the most of new services and resources were taking away support from those in the greatest need. In addition, new guidance for children's centres from the Department for Education and Skills also calls for more efforts to target the most alienated families (Ward, 2005).

The concern provoked by the above arguments is that in the future, family support currently provided by Sure Start might be required to concentrate resources on targeted forms of provision. This might lead to an approach based on the increase of thresholds of need before families are provided with support. In the words of professionals, there is a concern that the preventative character of current Sure Start family support provision might be considered a 'luxury'. Current staff and management would like to see the preventative aspects of Early Family Support provision being maintained.

A final element linked to this is the effect on families that a process of integration with some statutory services might have on the image of preventative family support services and, as a result, on the relationship of trust with service users which was seen as crucial to Sure Start's ability to engage with families. The potential damage to the relationship of the service with families – one of the characteristics that makes the service popular with the people it tries to help – might be avoided if, as one interviewee expressed it:

'... being under Local Authority control does not mean that some of the freedoms to be responsive, innovative and to take risks, will be curtailed. It will depend on the leadership of the centres themselves. I want to think that we will be able to work with parents in the way we do now, in that kind of evolving way that starts from where they are at.' (Interview 024).

In sum, family support workers in Sure Start made clear that they hope that a close integration of services might:

- permit a preventative approach to be integrated in the new arrangements instead of resulting in a concentration of resources on crisis management as this would undermine current efforts to stem the flow of families with crises that spiral out of control and require statutory intervention;
- permit this preventative family support model to continue in such a way as to conserve the strengths of the current model of delivery such as its holistic character built on a voluntary relationship of trust between service providers and service users.

6.4.2 Issues to consider for the future

Transferring the Sure Start family support model

- Family support workers constitute a key resource, core to the provision of Sure Start services. They could become lead professionals or key workers in the provision of family support services in children's centres.

Improving the understanding of family support among professionals

- A balance between the cohesion and integration of the family support service extended team, leading to a standardisation of certain procedures, and a local professional response to local problems would enable the best features of the Sure Start model to be retained.
- Further training is likely to be valuable in bringing about a smooth transition to integrated, multi-disciplinary working methods, to include common training on the use of a single, common assessment protocol across all Children's Centres. Service level agreements, common language and working patterns can be shared as part of the training process.
- The workings of family support provision are not known in detail by other services. High staff turnover or simply a lack of information might account for this. Further formalisation of roles within the core family support offer is likely to be important in raising the profile of family support within children's centres and in gaining professional recognition, both of which are important in generating a seamless service which is based on effective joint working arrangements. Building in regular updates and information sharing exercises with other services on the nature of family support provision might also increase acceptance and working relations with others.

Improving access to family support for hard to reach families

- The involvement of fathers in family support might be improved by increasing the visibility of male staff providing direct support to families. This may begin to challenge community attitudes towards the role of men in family support services.

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- An important element in this is the maintenance of the integrity of the current dual mechanism of contact with families via group attendance at the Sure Start centres and one-to-one provision for those who need it.

Improving the quantity and quality of support available

- This is to ensure a smooth transition of families through the various service boundaries imposed by the new age limits in family support services that will apply when children's centres become established.

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