

Sure Start Hartcliffe, Highridge and Withywood Evaluation of the Family Link Worker Service

Karen McInnes and Emma Burton

Introduction

The Family Link Worker service is a non-statutory home visiting scheme, which works with families to:

- enhance the development of pre-school children;
- enable parents and carers to feel more confident about themselves;
- reduce isolation for families;
- inform families about services and activities in the area and
- encourage and empower individuals to look at new opportunities for themselves and their families.

The service was started in September 2001 with a brief to give precedence to families with parents under 25, families having their first child and vulnerable families. The Family Link Workers' (FLWs) primary aim is to work alongside parents to empower them to make choices about accessing services and to consider changes they wish to make for themselves and their family.

The main emphasis of their work has been on getting families to groups in order for families to establish sustainable networks within their community and to build their self-esteem through participating in groups, activities and going on courses. They also work alongside parents at home on issues such as day-to-day routines, behaviour management, health and safety issues, budgeting and healthy eating.

This particular service was chosen as the initial pilot for the evaluation as it was a discrete and unique service acknowledged by other outside agencies to provide a successful service. It is managed by an enthusiastic co-ordinator who was willing to give time and energy to the project. It provided an opportunity for the evaluation team to test the robustness of the data held on the data monitoring system and would feed into the review and evaluation process for all services as an example of what could be achieved. It also provided an opportunity for the newly formed evaluation team to work together and provided me with a chance to understand the intricacies of the Sure Start project at Hartcliffe, Highridge and Withywood.

Evaluation of the Family Link Worker service occurred from April to June 2004 and employed two main data collection methods: analysis of closed files and a semi-structured group interview with the FLW team. This report will now detail the methods used and present the findings with a summary and recommendations.

Methodology

Analysis of closed cases

The data monitoring system provided details of 156 closed cases seen by the Family Link Worker service up to the end of May 2004. Details included Sure Start number, date first seen by the service and other Sure Start groups and services used by the family. This data provided a starting point for collection of information and enabled verification of the information once actual files were scrutinised. A sample of 75 closed cases were then analysed in detail using a template devised by the evaluation team (see appendix a). This included information such as date case referred, reason for referral, other groups and agencies linked with, date of closure and reason for closure. This information was then compared with the original data monitoring information and analysed in depth for relationships and patterns between the information. A subsequent analysis of the files also identified length of time between referral and first visit and the FLW for the family. Analysis was primarily quantitative in nature with some limited qualitative analysis. More in-depth qualitative analysis detailing practical advice given to families was not possible due to the limited time scale of the project.

Semi-structured group interview

An hour-long semi-structured group interview was conducted with the FLW team. Six team members were present as well as the co-ordinator and a social worker linked with the project. The interview was not transcribed due to technical problems but comprehensive notes were taken. For a copy of the interview schedule see appendix b.

Findings

Overview of closed cases

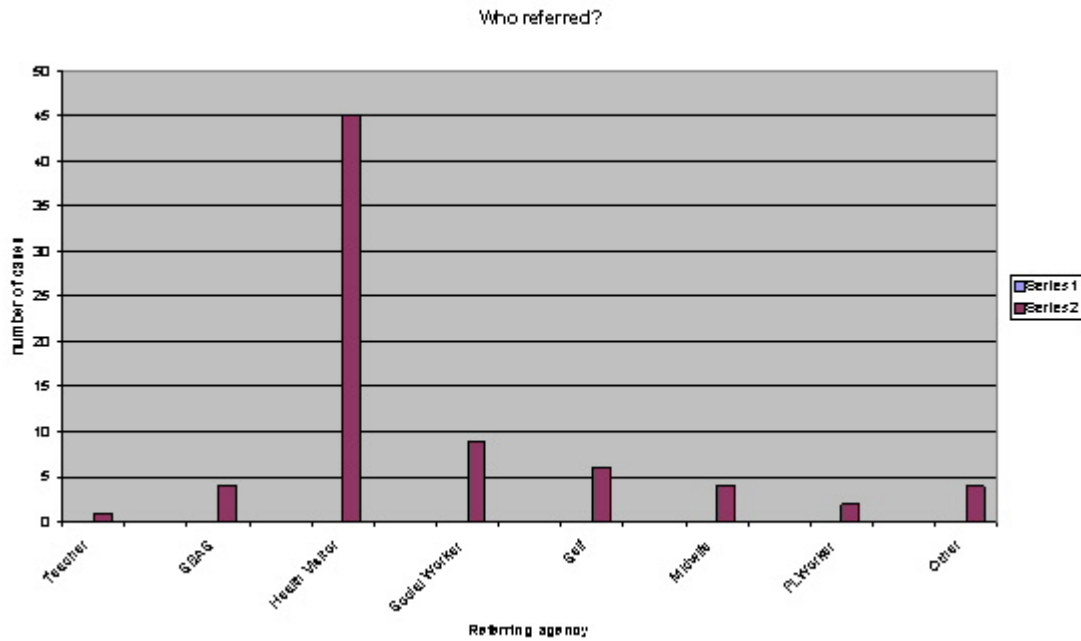
Success was measured using terminology taken from the files and agreed with the FLWs during the group interview. The terminology used to describe success was 'empowerment of families' and this included going to groups, all needs being met and the family moving on and making decisions for themselves.

Using this success criterion, analysis of the number of appropriate referrals made to the service indicates a success rate of **68%**. As will be explained later in the report, there were many reasons for closure, (service not required, unable to contact and not meet criteria n=53) which implied inappropriate referral to the service and when these are removed from the total number of cases the success rate is high. When these cases are included in the final analysis the success rate is **20%**. There is no indication of partial success other than through anecdotal evidence.

There was a distinct pattern to the successful cases. In the majority of cases the family had been referred in order to access groups or because the family was isolated. In all but one case the family was seen for one year or less and in all but one case the family had been linked to a discrete number of groups (average 4 groups).

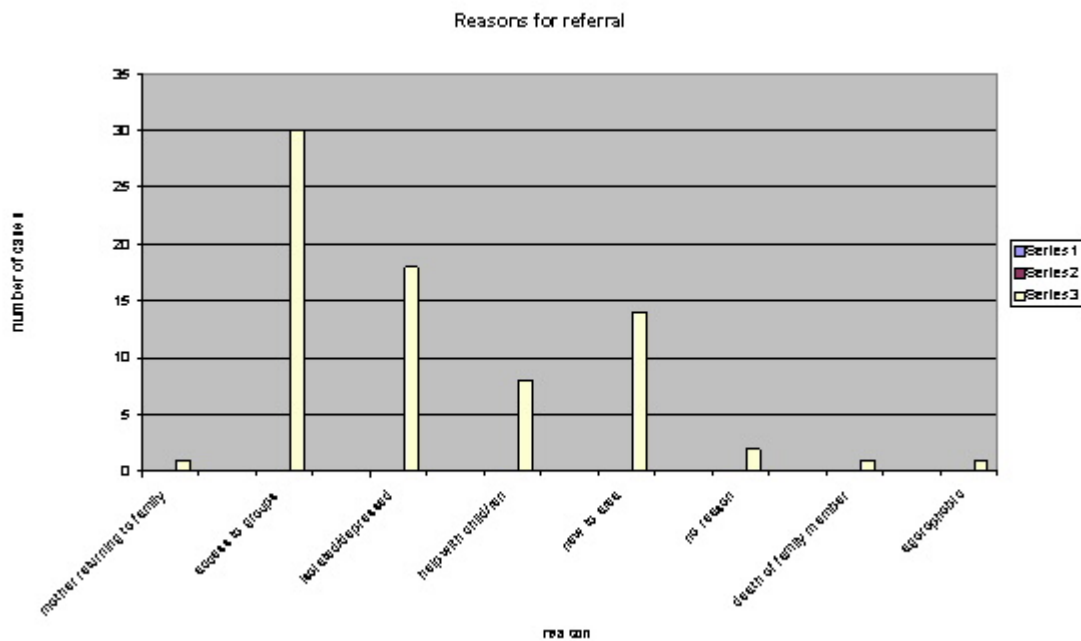
General analysis of closed cases

Referrers



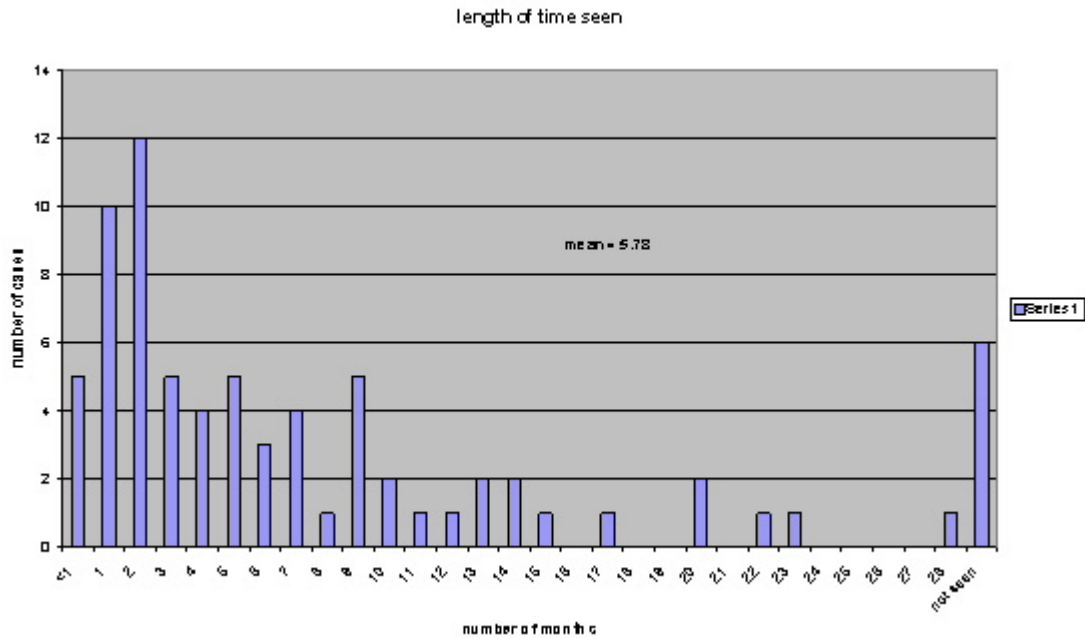
The main referring agency was health visitors (60%) of all referrals being made from them. A variety of other agencies also refer: from social services, education and health. The referrals collated under 'other' were a guardian, Teenage Parents, a GP and an inclusion worker.

Reasons for referral



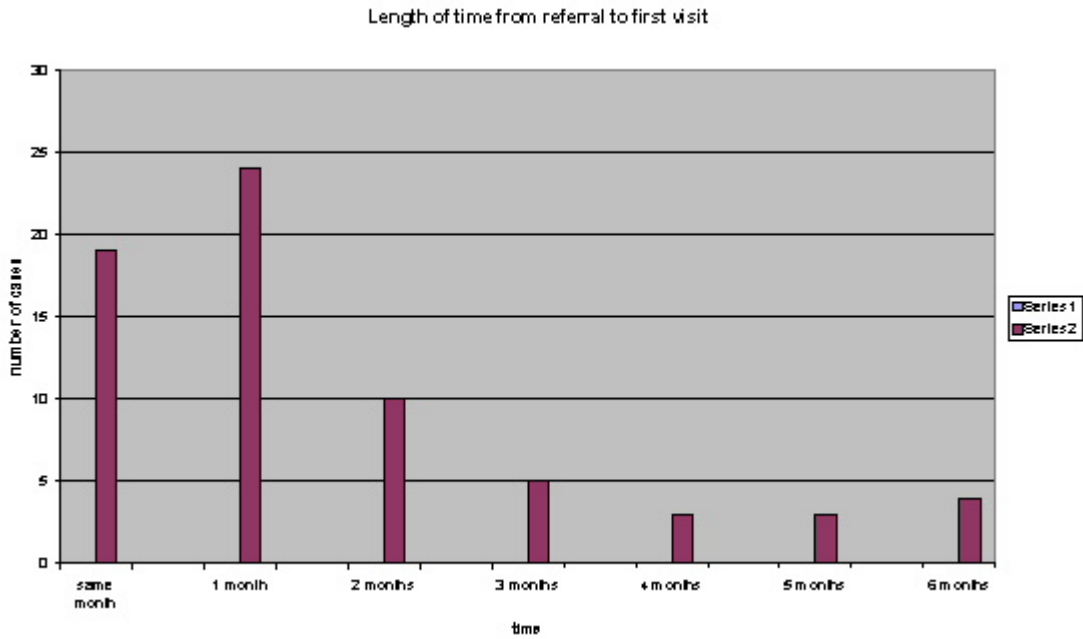
The main reason for referral was for families to access groups (40%). This was followed by parents feeling isolated/depressed which links to families needing to access groups. 'Families being new to the area' was also a popular reason for families to be referred and this links with one of the original target referral criterion for the service. There were 4 cases where the reason for referral was either not stated or the reasons were not in-keeping with the remit for the service. Referrals to the service included many complex cases with child protection issues, which involved the FLWs being involved in case conferences.

Length of time case open



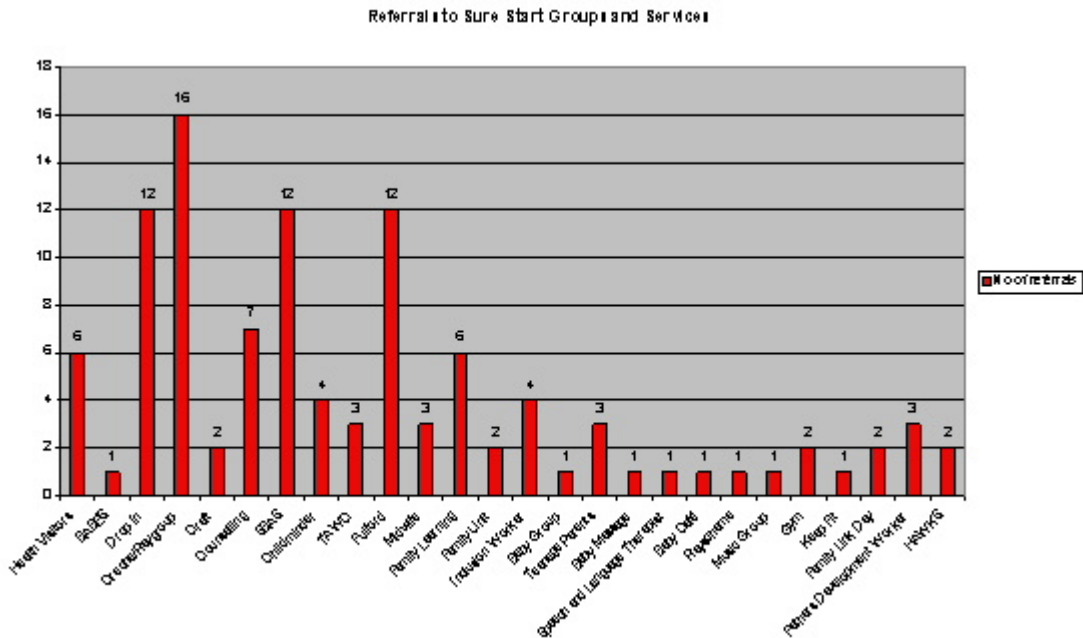
The length of time cases were open ranged from not seen to 28 months, with an average of 6 months. The reasons for referral and closure were scattered across the length of time the cases were open. The only patterns to note were that cases where the service were unable to contact the family tended to be clustered around the shorter lengths of time the cases were open and that the cases where the family were not moving on were clustered around the families being on the caseload for longer periods of time (see Appendix c)

Length of time from referral to first visit



The majority of cases were seen within one month with only a few cases taking longer than two months to be seen from referral.

Groups and services



did not even meet the referral criteria with one family referred with a child over five years of age and another family referred with no child! Cases being closed for these reasons would indicate an issue concerned with referral and if these cases are removed from the total number of cases the percentage of successful cases is 68%.

In-depth analysis of successful cases

Successful Families

Reason for Referral	Referrer	Length of time seen	No of groups linked with
Isolated/depressed	HV	14 months	5
Access to groups	SW	10 months	6
Help with child	Self	2 months	2
Isolated/depressed	HV	10 months	2
Access to groups	HV	5 months	5
Help with child	SBAS	7 months	1
New to area	HV	13 months	5
Access groups	HV	13 months	6
Isolated/depressed	HV	28 months	14
Access groups	FLW	3 months	3
Access groups	Self	4 months	5
New to area	Self	2 months	2
Access groups	Self	6 months	6
Mother returning to family	Guardian	7 months	5
Isolated/depressed	Self	9 months	3

Partial Success

This was not analysed in-depth although anecdotal evidence gives some idea of the complexity of the work with which the FLWs engage and an idea of how success may be determined in more limited ways. Examples include FLWs:

- taking families to buy second –hand clothing for children;
- helping families apply for grants to buy household resources;
- helping families apply for loans;
- giving families advice on how to budget on a week-by-week basis;

- taking families shopping for Christmas presents;
- showing parents how to play with their children;
- giving parents advice on health and safety issues.

Success by referring agency

Referring agency	Number	%
Teacher	0/1	0
South Bristol Advice Service	1/4	25
Health Visitor	6/45	15
Social Worker	1/9	11
Self	5/6	83
Midwife	0/4	0
FLW	1/2	50
Other	1/4	25

The most successful referring agency was the “self-referrals”. 5 out of 6 (83%) self-referrals were successful and case notes indicate that the self-referrals were as complex as agency referrals. This high success rate is probably a reflection of the initial motivation of the family to improve their situation and would bode well for the service to work positively with them. Other agencies had varying degrees of success but none of the midwife referrals were successful.

Success by reason for referral

Reason for referral	Number	%
New to area	2/14	15
Isolated/depressed	4/18	23
Access to groups	6/30	20
Help with children	2/8	25
Mother returning to family	1/1	100
No reason	0/2	0
Death of a family member	0/1	0
Agoraphobic	0/1	0

The successful reasons for referral were the ones that fitted the remit of the FLW service except the reason of being 'new to the area' which could indicate a need for a change in referral criteria. It would suggest that families who are new to the area are immediately put into contact with the

FLW service with no exploration of whether they actually need the service or want it. It is interesting to note that the four cases where there was either no reason or a reason not within the FLW remit were all unsuccessful which again highlights the need for more robust referral criteria.

Referring agency and reason for referral

All referring agencies were using a range of reasons for referring the families to the service and there was no evident pattern in the data between these two variables. It is possible that the high number of unsuccessful cases is due to a lack of clarity about the referral criteria itself and referring agencies not ascertaining the precise needs of the family or fully explaining the FLW service prior to referring.

Success and length of time seen

Length of Success
time seen

<1	0/5
1	0/10
2	2/12
3	1/5
4	1/4
5	1/5
6	1/3
7	2/4
8	0/1
9	1/5
10	2/2
11	0/1
12	0/1
13	2/2
14	1/2
15	0/1
16	0
17	0/1
18	0
19	0

20	0/2
21	0
22	0/1
23	0/1
24	0
25	0
26	0
27	0
28	1/1
not seen	0/6

The data would suggest that the most success is gained when cases are open for over 2 months up to a year. Apart from the unusual case of 28 months all the longer cases in our sample were unsuccessful. The cases that were not seen or were seen for 2 months or less were closed for reasons mainly due to either the FLWs being unable to contact the family, the service not being required or the family moving out of the area. This would again indicate that referring agencies were not ascertaining the needs of the family or not explaining the nature of the service the FLWs could provide and therefore inappropriate referrals were being made.

Success and length of time from referral to first visit

The highest rate of success was in cases where the time between referral and first visit was a month or less (23%). In cases where the referral rate was 2 or more months the success rate fell to 8%. This would indicate the need for cases to be seen as quickly as possible and would also suggest that having a waiting list is inappropriate. With robust referral criteria all families should be seen within one month. When the service is at full capacity referrers should be notified to make no more referrals until the service is able to process them. There should also be a maximum length of time that the service attempt to contact a family, for example 3 months, then if there is no contact closure should occur.

Success and linking to groups and/or services

Out of the 75 closed cases analysed 39 families were linked to groups and/or services and 36 families were not. All 15 of the successful cases occurred with families that were linked to groups and highlights the crucial nature of the service in linking families to groups and/or services and the impact this has on a successful outcome.

Success and Family Link Worker

A coding system was used in order that the family link worker dealing with each case could be identified and their success rate determined. Overall all family link workers experienced success and failure with their cases and no pattern was evident. This would indicate that the co-ordinator

is making a good match between the FLW and the family in terms of the approach and skills that each FLW can offer. From the group interview it was also evident that the FLWs had very positive attitudes to their job and the families they worked with and this underpinned their successful work.

Family Link Worker and length of case

The data was analysed to see if there was a pattern between the family link worker and the length of time the case was open. Again, no pattern was evident.

Analysis of group interview

The group interview lasted an hour and was a very positive experience. There was a high level of agreement amongst the members of staff about their role and how they worked and they appeared to be a highly supportive team of each other. They recognised the stressful nature of their job and the families they worked with but they were all extremely positive and enjoyed their job.

Role of the Family Link Worker

There was agreement that the role of the family link worker has changed since the service began with more emphasis on linking families with groups and/or services and with actually facilitating groups. It would seem that linking families to groups enable the FLWs to achieve successful outcomes and all the successful cases were with families that had been linked to groups and/or services and so this would appear to be an area where the service should focus. This is further emphasised by the fact that they all saw their main role as linking families to groups and/or services and this was the primary way of empowering people.

Their role also encompasses working with parents and giving them advice on many different issues for example:

- money management;
- household management;
- parenting skills – advice on sleeping, feeding and playing.

This would seem to be an aspect of their role that they make fleeting reference to which is actually an important part of their job.

They felt there was a lot of misunderstanding amongst other professionals about their role and considering the high number of inappropriate referrals to the service this would seem to be the case.

Their role with children

They all agreed that they worked with children in two main ways. The first was to act as a referring agency on behalf of the child referring to other agencies depending on the needs of the child. The second way was to play with the child in front of the parent(s) and thereby model

appropriate interactions, which would foster the child's development. They also recognised that by linking families to groups where the child would either take part or be looked after they were fostering the child's socialisation.

Referring agencies

They stated that a whole range of agencies referred to them but the main agency was the health visitors this was confirmed by analysis of the closed files. They stated that in the beginning they had a lot of self-referrals but these had now tailed off. They did not know why. Considering the success rate of self-referrals they need to analyse this trend more closely. They also stated that the reasons for referral are not always clear and analysis of the closed files confirms this.

Groups and services

They recognised that they linked with a wide range of groups and services and they also enjoyed the relatively new role of facilitating groups. They had a number of ideas for new groups they would like to set up based on the needs of the families. These included: sports groups, a group for victims of domestic abuse, parenting groups and groups for mother and fathers.

Support and supervision

The staff were very positive about the support and supervision they received. They recognised that they received both formal and informal support from their co-ordinator and from each other and that this was invaluable. There was also recognition of the health and safety issues concerning their role and all FLWs are issued with mobile phones. They have also had the opportunity to observe one another, learn from each other and build up their own skills.

Closure of cases

This seemed an area of difficulty for the service. They stated that cases were closed for a variety of reasons: non-engagement by the family, successful families, child protection issues (where it would be inappropriate for the service to remain in contact), referral to another agency, the family moving out of area and the child becoming too old for the service. Many of the staff stated that they found it difficult to close cases and needed help with this. It is interesting to note that all but one of the cases in this sample that were open for a long time were unsuccessful and therefore this is an area on which the service needs to focus.

Development of the service

The FLWs had many ideas for how the service could develop. These included:

- working with older children possibly up to eleven years of age;
- working on a parenting education package and there is work being done on this;
- participating in assertiveness training and there was acknowledgement that some members of staff had received this in the beginning and
- issues concerned with the strategic development of the service in the light of the Children's Centre and Children's Trust.

Recommendations

From the analysis of the closed files and the group interview the following recommendations can be made:

- To reassess the referral criteria to ensure that appropriate families are referred to the service.
- To consider removing 'new to the area' as a referral criterion.
- To consider re-marketing the service so that all referring agencies are clear about the remit of the service and make appropriate referrals.
- To ensure that all referrers make full and detailed referrals giving clear indication of the families needs and circumstances.
- To have an initial telephone discussion with the referring agency before visiting.
- To remove the waiting list, recognise when the service is at full capacity and notify referrers accordingly.
- To consider how to best target and market the service to increase the number of self-referrals.
- To develop a transparent and rigorous system to review and evaluate all files.
- To ensure that all referrals are seen within one month.
- To develop a rapid and fair system for cases where the service is unable to make contact.
- To undertake further evaluation of the service – for example analyse open cases and a user satisfaction survey (see Appendix d for letter and questionnaire).
- To explore with service users their reasons for being involved with the service, record this and evaluate it at closure (Use initial questions from the questionnaire for this).
- To amend the data collection system to monitor links with other agencies.
- To further develop the service using ideas generated by the family link worker staff.

Appendix a **Template**

Identification number:			
Referred by:		Date:	
Reason(s) for Referral:			
Go to Groups	*	Isolation	*
Money Management	*	Depression	*
Parenting skills	*	New to Area	*
Family Priorities (please tick all that apply)			
Go to Groups	*	Isolation	*
Money Management	*	Depression	*
Parenting skills	*	New to Area	*
Sleep patterns	*	Play	*
Housing	*	Health Problems/Disability	*
Other _____ (please state)			
Designated Health Visitor:			
Designated Social Worker:			
Non Sure Start Agencies family has been introduced to:		Dates:	
Sure Start Groups attended <i>because</i> of FL intervention:		Dates	
Closure date:			
Reason for Closure:			
Unable to Contact	*	Not moving in Situation	*
Empowered/All needs met	*	Moved out of Area	*

Child Over 4

*

Other _____ (please state)

Successful (please tick)/Unsuccessful (please cross) Outcomes (please refer to the original family priorities):

Go to Groups

*

Isolation

*

Money Management

*

Depression

*

Parenting skills

*

New to Area

*

Sleep patterns

*

Play

*

Housing

*

Health Problems/Disability

*

Other successful work carried out:

_____ (please state)

Appendix b

Questions for group discussion with Family Link Workers

Role

How do you see your role as a family link worker?

How do you help families/parents?

How do you help children?

Referrals

Who refers cases to you?

Are the reasons for referral always clear?

Links

Which groups or services do you link with?

Why do you link with those particular groups?

Are there any groups or services that you would like to link with but currently don't?

Do you think your role is understood by those you link with?

Supervision

What support or supervision do you receive whilst working with a family?

What do you feel about this support?

Closure

What are the reasons for closing a case?

Are there any difficulties in closing cases?

Success

How do you measure success with a family?

How do you see your work contributing to the four Sure Start objectives?

The future

How would you like to see the family link worker service develop?

Appendix c Analysis by length of time seen

Length of time seen	Reason for referral	Reason for closure
<1 month	Access groups	Unable to contact
	Isolated/depressed	Not require service
	Access groups	Not require service
	Access groups	Not require service
	Access groups	Unable to contact
1 month	Access groups	Not require service
	New to area	Unable to contact
	Help with child	Not require service
	Access groups	Unable to contact
	Help with child	Not require service
	Help with child	Moved out of area
	Access groups	Not require service
	New to area	Not require service
	Access groups	Unable to contact
	New to area	Moved out of area
	Access groups	Unable to contact
2 months	Help with child	Empowered/needs met
	Isolated/depressed	Not require service
	New to area	Moved out of area
	Isolated/depressed	Not require service
	Isolated/depressed	Not require service
	No reason	Unable to contact

	New to area	Empowered/needs met
	Isolated/depressed	Not require service
	Access groups	Unable to contact
	New to area	Unable to contact
	Help with child	Unable to contact
	Access groups	Unable to contact
3 months	Isolated/depressed	Unable to contact
	Isolated/depressed	Moved out of area
	New to area	Not require service
	Access groups	Empowered/needs met
	Isolated/depressed	Moved out of area
4 months	Access groups	Unable to contact
	Access groups	Empowered/needs met
	Death of family member	Not moving in situation
	Access groups	Not require service
5 months	Access groups	Empowered/needs met
	Access groups	Not require service
	Isolated/depressed	Unable to contact
	Isolated/depressed	Unable to contact
	Access groups	Not require service
6 months	Access groups	Unable to contact
	Access groups	Unable to contact
	Access groups	Empowered/needs met
7 months	Access groups	Moved out of area
	Help with child	Empowered/needs met
	Mother returning to family	Empowered/needs met

	Isolated/depressed	Unable to contact
8 months	Access groups	Not require service
9 months	Help with child	Another agency
	Access groups	Moved out of area
	New to area	Moved out of area
	Isolated/depressed	Empowered/needs met
10 months	Access groups	Empowered/needs met
	Isolated/depressed	Empowered/needs met
11 months	Isolated/depressed	Not require service
12 months	Access groups	Not moving in situation
13 months	New to area	Empowered/needs met
	Access groups	Empowered/needs met
14 months	Isolated/depressed	Empowered/needs met
	New to area	Not require service
15 months	Isolated/depressed	Not require service
16 months		
17 months	Isolated/depressed	Not moving in situation
18 months		
19 months		
20 months	Access groups	Not moving in situation
	New to area	Not moving in situation
21 months		
22 months	Access groups	Not moving in situation
23 months	Access groups	Moved out of area
24 months		
25 months		
26 months		
27 months		
28 months	Isolated/depressed	Empowered/needs met
Not seen	No reason	Moved out of area

	Help with child	Family not meet criteria
	New to area	Family not meet criteria
	New to area	Unable to contact
	New to area	Moved out of area
	Agoraphobic	Unable to contact

Appendix d

Letter

abc

SureStart Hartcliffe, Highridge and Withywood

c/o Four Acres Primary School, Four Acres, Withywood, Bristol BS13 8RB

Tel No:0117 9030460 Fax No:0117 9030466

Dear

We are trying to find out what people think about the Family Link Worker service. We would like you to fill in the questionnaire to see what you think. This will not be shown to your Family Link Worker so please be as honest as possible.

When you have done this please can you put it in the envelope provided and either give it to your Family Link Worker, hand it in to Sure Start reception or put it in the post.

We will give you a ring in a couple of weeks time to see how you are getting on with the form.

Thank you very much for your time. It is always important to us to know what people think of our services and how we can make things better.

Many thanks,

Emma Burton and Karen McInnes

Evaluation Team

Questionnaire

abc



Hartcliffe, Highridge and Withywood

c/o Four Acres Primary School, Four Acres, Withywood, Bristol BS13 8RB

Tel No:0117 9030460 Fax No:0117 9030466

FAMILY LINK WORKER EVALUATION

PARENT QUESTIONNAIRE

Please write your answers in the space after each question

1. What kind of support have you been given by your family link worker? (eg home visits, taken to groups, advice)

2. Was this what you felt you needed from your Family Link Worker at the time?

Yes and more Yes Mostly A bit Not at all

3. On a scale of 1-5 how happy have you been with the service?

1 2 3 4 5

Not very Satisfactory Very

4. What has been most helpful?

a. for you?

b. for your children?

5. What has been unhelpful?

a. for you?

b. for your children?

6. How did you feel when the service stopped (if relevant)?

7. Is there anything else you would like the Family Link Worker to have helped you with or have done to support you? If so what?

8. If you didn't use the service why was this?

Thank you for filling in this questionnaire.