

Rotherham District  
Sure Start Rotherham Central

Family Support Outreach  
Services  
(Parent2Parent/  
Home-Start)  
Evaluation

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## Introduction

Sure Start Rotherham Central is a fifth wave programme, and as such has been up and running for the last 2 years. Whilst Sure Start has an established presence in the Rotherham Central community, the service is still evolving to meet new government strategies, in particular the development of Children's Centres. In light of this, Sure Start Rotherham Central commissioned Cordis Bright Consulting to look at the Family Support Services it provides as part of its annual evaluation for 2004/5.

Rotherham Central Sure Start Local Programme has adopted a 'commissioning model' for its service delivery with a policy of having at least half of its partners for service delivery located within the voluntary and community sector.

To provide Family Support Outreach Services in the area two voluntary sector providers were commissioned – Home-Start, a local service working to the standards of the national umbrella organisation Home-Start UK, and Parent2Parent a local service within the Sheffield Diocese. The evaluation looked at and compared the two services at a number of key dimensions:

- ❑ **Strategic Dimension:** The extent to which they support the achievement of Sure Start objectives and key principles
- ❑ **Operational Dimension:** Efficacy of operational processes and procedures, including extent of partnership working with external agencies
- ❑ **Implementation Dimension:** Overall quality of services; including the extent to which services meet user needs and expectations
- ❑ **Unit-Cost analysis:** including bench-mark costs
- ❑ **Future Strategy and Planning:** strategic analysis of exit strategies and opportunities for mainstreaming of projects
- ❑ **Cost-benefit Analysis:** Overall conclusions, identification of best-practice, value-for-money by taking into account qualitative context and long-term outcomes

This report focuses on the service evaluation of the performance of the two services for the year up to September 2004 and was conducted between July and October 2004.

## Methodology

To gain an understanding of the service on the six key dimensions, the evaluation necessitates a number of levels of analysis. These include background and desk-top research, qualitative and quantitative analysis of data. Interviews have been conducted at all levels of engagement; with service users, staff from both the referring agencies and the providers themselves, and the service co-ordinators as well as with key strategic leads from the two main referring agencies. This multi-level approach ensures feedback is obtained from people engaged at all levels of service provision and use. A variety of consultation methodologies have been employed.

- ❑ **Interviews with Strategic Leads from Referring Agencies:** A One hour semi-structured interview (See Appendix 1) was held with the Health Visiting Manager from the Primary Care Trust and responses to this questionnaire were also received from Managers with responsibility for Children's services from within the local authority. These are included as Appendices 11 and 12.
- ❑ **Interview with Programme and Services Strategic Leads:** One hour semi-structured interviews were held with the Programme Manager and the strategic leads from both services. (See Appendix 2)
- ❑ **Interviews with Service Co-ordinator:** A one hour semi-structured interview was held with the Referrals Co-ordinator from the programme. (See Appendix 3)
- ❑ **Focus groups and interviews with staff and volunteers:** Focus groups were held with the two staff from Parent2Parent and with a group of four of the 18 Home-Start volunteers as A half-hour semi-structured interview was also held with the paid Home-Start Volunteer Co-ordinator. (See Appendix 4)
- ❑ **Interviews with Referring Staff:** Half-hour semi-structured interviews were held with two Social Workers well as with the health visiting/nursery nurse team in the area who had referred to the services. (See Appendix 1)
- ❑ **User views:** All clients who had used/were using the services during the past year were invited to express their views (Appendices 5a & b). A focus group was held with five families who had used the Parent2Parent service and 10 minute semi-structured interviews (See Appendices 6a & b) were conducted with them and four others who had used the P2P service and five who had used Home-Start either at the Sure Start Centre, at their home or over the phone – whichever was most convenient for them. This represented 38% of families supported by Home-Start in the year to September 2004 and 31% of families supported by P2P.

The programme has currently registered 432 of the estimated 700 children under four living in the designated area. National trends suggest that it would be normal for at least 10% of that population to be in need of targeted family support (i.e. 70 children of which 10% would be on the Child Protection register i.e. 7). The actual numbers for the area are 88 child protection referrals to Social Services in the year up to 31/03/03 and 12 children on the CPR as at 31/3/03 which illustrates

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the extreme disadvantage in the area.. By interviewing 14 families we have interviewed 20% of the potential target population.

- **Unit cost analysis:** This was undertaken by using the basic unit cost model which deduces what the average cost of a contact is by reference to the total Sure Start contribution, using data from 2004/5 and the total grant made available in 2004/5. Various bench-marking costs are provided to enable comparison of unit costs for the purposes of assessing cost effectiveness together with profiles of service use for each of the users interviewed. (See Appendix 7)

## Service Profiles

The Programme Manager of Sure Start Rotherham Central describes the sort of family support the programme wanted to provide as **'Home based support with individual families offering: behaviour management, parenting skills, confidence building and life skills.'**

The programme also wanted this family support to encourage families to use community support such as toddler groups. They did not want Social Work Family Support model (which they saw as being very directive in its approach).

They chose Home-Start and Parent2Parent to deliver their vision of family support because Parent2Parent were already working with people in the area and had a good reputation particularly for work with young parents for which they had SRB3 funding. When the delivery plan was being put together Parent2Parent said they wanted to help the programme deliver family support and their funding was coming to an end.

Home-Start was not on original mailing list as their management committee had taken decision that Home-Start did not work well confined to small geographical areas, and was therefore not at the table when the delivery plan was put together but the Programme Manager wanted to use them as a route for parents to get into work through volunteering. This would also provide volunteer family support for the programme and thereby build in sustainability for that work in the area. She encouraged them to get involved. They were then invited by steering group along with 200 others on the mailing list to submit an expression of interest showing how they might help the programme to meet its targets.

Parent2Parent and Home-Start were then chosen from among that group to be partners. (See Appendix 8 for Partnership and funding agreements for both services)

Family Support Outreach Service (Parent2Parent/Home-Start)

## Parent2Parent

### Objectives

To provide down to earth support, advice, and training to the most vulnerable parents and children in the Rotherham Central Sure Start area. They see themselves as a professional but always overstretched service.

### Targets

The service meets targets for family support, Child Protection and health improvement in partnership with Social Services and Health.

### Format

Two staff are employed: one is full-time and the other does 26 hours a week. The strategic manager for the service puts in about four hours per week and a secretary also does four hours per week.

The two staff have received training in Webster-Stratton, Child Protection, Personal Safety and counselling skills the full-timer is doing professional counselling training via Rotherham College of Art and Technology. There is a commitment in their budget to ongoing training for staff.

Most referrals to their service come from either Health Visitors who want P2P to reinforce practical things in the home like basic hygiene, safety etc. or from Social Services for Child Protection work which includes case conference reports. The work with Rotherham Central Sure Start includes helping families to grow in confidence so they can access the universal services on offer.

The full-time member of staff was funded by the Rotherham Children's Fund from August 2003 to March 2004 to work with 7-14's in the Rotherham Central and Maltby Sure Start Areas. She is now only working in the Rotherham Central Sure Start area and P2P are using their own funding reserves and seeking other funding. She has sometimes been involved in families with children under 4 similarly the other worker has also sometimes been involved in families where there are older children. The full-time worker also does some direct work with older children rather than just work with parents or carers. The cost of a full-time P2P worker is £34,000 p.a. including on costs and overheads.

To measure impact they keep monitoring records for Rotherham Central Sure Start as well as individual family files. Most of what is recorded is statistical information and they have some qualitative data which records visits and action plans for families. They generally work with few families for long periods of time.

The current capacity of the service is 12 families per full-time worker plus one group each with, ideally, no more than 1/3 of the caseload being Child Protection cases. There is definite potential for expansion and the Management Committee could support this but they would need to fund a full-time Project Manager at a cost of approximately £45,000 and full-time admin cover for phones at about £30,000 p.a. They could then take on more workers and therefore provide support to more families.

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Communication with individual Social Workers is patchy and the project currently has no strategic links with Social Services. With Health Visitors communication is better but there are no strategic links. Communication with the Rotherham Central Sure Start Programme is excellent.

## Home-Start

### Objectives

This is a traditional Home-Start service (which offers home based support and befriending from trained volunteers who are all parents themselves). However, by funding a dedicated Volunteer Co-ordinator for the area there was to be concentrated delivery in Rotherham Central Sure Start area with no waiting times for matching a volunteer with a family unlike the rest of the borough. Volunteer involvement with families helps them to engage with mainstream services. Home-Start feel their ethos is about supporting families to stand on their own feet.

### Targets

Home-Start helps to meet Sure Start home-visiting targets and the Volunteer Preparation course helps to meet education and employment targets.

### Format

Home-Start complements Health Visiting by helping families to keep appointments and build bridges between parents and Health Visitors. Home-Start volunteers are able to give and support parenting directives from Health Visitors in a less threatening and more acceptable way. Home-Start volunteers can complement Social Services' programmes by supporting families to understand Social Services' involvement and help them to see it in a positive light and therefore engage with it. However, this scheme will not accept referrals for families that already have children on the Child Protection Register as it is set up to work with families at need levels 1 & 2 to work on crisis prevention rather than those who are already in crisis at level 3. Volunteer involvement with families complements the work of Rotherham Central Sure Start by signposting to STEPS (mental health programme) etc. and informing families about services and activities.

The current capacity is 20 volunteers seeing at least 20 families managed by one co-ordinator. However their experience shows that many of the families in the Rotherham Central Sure Start area have multiple problems and are therefore complex and high maintenance for volunteers without the support of mainstream services.

The Volunteer Co-ordinator is a paid member of staff who has completed her City and Guilds 7407 Stage 1 Teaching Certificate and has also had training in Child Protection, Domestic Violence, Debt Management, Counselling, Managing Volunteers, Drug Awareness, Health and Safety and Equal Opportunities.

Home-Start Volunteers who attend the Preparation Course are trained in communication skills, Child Protection, Drug Awareness, Confidentiality, Domestic Violence and Equal Opportunities particularly with regard to issues for asylum seekers and refugees.

The service could expand only if another co-ordinator were funded and they could find a way of keeping or continually replacing volunteers from the Sure Start area that

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go on the preparation course. Four or five of the volunteers they recruited from the area have already moved on to paid employment which means that they rely on using volunteers from other parts of Rotherham.

Referrals have dropped since there has only been one Health Visitor in post in the Rotherham Central Sure Start area as Health Visitors have always been the primary route for referrals. The current Volunteer Co-ordinator is therefore leaving her present role but Home-Start will continue to work in the Rotherham Central Sure Start area in the same way as it does in the rest of the borough.

The Programme Co-ordinator who oversees all referrals to Rotherham Central Sure Start funded services reports that there have been 13 families supported by Home-Start and 29 by Parent2Parent in the year to September 2004.

The total cost to Rotherham Central Sure Start of the service provided by Home-Start is £24,484p.a. of which £2,400 is for volunteer training costs and for Parent2Parent £19,800p.a. [Figures for 2003/4]

## Strategic Dimension

The strategic dimension of the evaluation provides an analysis of the extent to which the project objectives and outcomes work towards achieving Sure Start objectives and key principles. It also examines the extent to which wider strategic objectives for Health and Social Services are being met by the Family Support offered by Parent2Parent and Home-Start through the Rotherham Central Sure Start Programme. This is necessary because Sure Start funding is time-limited and programmes are tasked with mainstreaming well-performing services to ensure their continuity.

### Sure Start targets and objectives

Both services objectives are strongly aligned with three out of the four Sure Start objectives, and the impacts of both services stretch across all three objectives. Home-Start also has the potential to impact heavily on the other objective around training, employment and community capacity building. (See Partnership Agreements Appendix 8)

### Sure Start Programme view of services

P2P have paid staff and therefore can offer more intensive work and more hours to each family. The service is very contained as the programme is essentially only dealing with one or two workers. P2P will pick up Child Protection cases. The programme had hoped that P2P could pass on cases to Home-Start once family crisis was over but this did not happen.

Home-Start could offer more visits if they had more volunteers but there is generally a lower level of intensity/need covered. Home-Start have undertaken 5 preparation courses across the borough over a two year period where 57 home visiting volunteers have been trained. However, due to the lack of referrals from the Sure Start area all these volunteers have been visiting borough wide. The last 8 volunteers were recruited as a result of advertising directed at residents just outside Sure Start boundaries. Home-Start does represent the potential for more hours of family support for less money. The Programme Manager would have expected more volunteers who were more flexible e.g. to take a family to the swimming baths for first time or one off visit to hospital. However the type of support traditionally offered by Home-Start is more about confidential, ongoing one-to-one support rather than one-off practical support. Their policy of not taking on Child Protection cases proved to be a problem particularly as the lack of Health Visitors in the area meant that there were few referrals from Health Visitors but many from Social Services which required higher intensity support or were around Child Protection. There were also very few self-referrals in the area.

The programme wanted both services to become part of multi-agency team based within Sure Start. P2P have valued that and become part of it. Home-Start have not embraced that idea. This is recognised to be because Home-Start's volunteer base is borough-wide and therefore the Co-ordinator is stretched and has had to spend a lot of time at the Home-Start offices rather than at the programme base. The Programme Manager and Home-Start have agreed that they will receive the same level of service from Home-Start as the rest of the borough when they no longer fund a dedicated Co-

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ordinator. It is acknowledged that it is difficult to develop a service at a very local level if capacity at the centre is lacking.

The Programme was looking for a developmental approach but instead got a reactive service. They wanted Home-Start to take the volunteering lead within the programme but this has not happened. This is due to the degree of disadvantage within the area which means that parents need a lot more personal confidence building and support before they are ready to consider volunteering.

## Primary Healthcare targets and objectives

According to the Health Visiting Manager there are 50% more child protection cases in the Rotherham Central Sure Start area than in the rest of the borough and therefore the funding of one extra Health Visitor and one additional Nursery Nurse by Rotherham Central Sure Start to take on what should have been the caseload of 5 Health Visitors plus support staff was never realistic. It is therefore necessary to use organisations such as Parent2Parent and Home-Start to plug the gap in family support and assist health in meeting its public health and other targets. In the wider area there has never been a caseload appropriate way of allocating Health Visitor time but a profiling tool is now being developed. She has used her budget imaginatively to employ family support workers and staff nurses to take on the traditional Health Visiting caseload throughout the borough. She is very open to commissioning services from voluntary organisations.

## Primary Healthcare view of services

From a Health point of view the Family support offered by Parent2Parent and Home-Start is beneficial because it is at a peer level rather than a professional one. This helps to remove barriers and is often more acceptable to families. It makes better financial sense to use these services as Health Visitor time is better used in management of complex clinical cases rather than simple family support. These services do not imply labelling and families may therefore be more inclined to give wider disclosure of need.

There were teething problems around organisational relationships particularly in relation to the referrals process in the early days but these have now been worked out. No negative comments have been received about either service. All families on Health Visitor caseloads are assessed in terms of child's health and well-being and where they are receiving other services reassessment is done and there have been no cases where no improvement has been noted in cases where P2P or Home-Start are involved.

Health Visitor co-location with the two services has enabled daily informal verbal communication which has enabled better understanding. Minutes of meetings are circulated and the programme generally communicates well with Health Visitors.

Both Home-Start and P2P have a real educative and supportive role to play and hopefully in the short to medium term services will be commissioned by health from them if only as a stop gap to Health Visitor shortages.

In the longer term the single assessment which is being developed may mean that the Children's Trust will want to commission more services.

Better Health Visitor coverage would give greater continuity of care. As would the establishment of multi-agency co-located teams incorporating these services.

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In the short term referrals particularly to P2P will increase due to vacancies in Health Visiting and in longer term to both because attitudes will shift and these services will become first choice rather than using the expensive clinical resource of Health Visitors.

The main problems for family support at the moment stem not from problems with P2P or Home-Start but from vacancies in Social Services and in Health Visiting.

## Local Authority view of services

The Local Preventative Strategy aims to address discrepancies, and move the focus away from crisis intervention towards preventative services. In order to achieve this we need to work together to understand how best to use our joint resources, to balance statutory responsibilities with driving the prevention agenda. A key challenge will be the migration of prevention activity into the mainstream – particular examples are the Children Fund Services and Sure Starts. The work of Parent2Parent and Home-Start within the Rotherham Central Sure Start programme provides an example from which other areas can learn.

## Operational Dimension

This dimension examines the efficacy of operational processes and procedures, including extent of partnership working with external agencies.

### Organisational structure and management

Sure Start Rotherham Central employs a full-time Programme Co-ordinator who is first point of contact for all referrals to programme from internal or external staff. It is a significant part of her job accounting for 25% of her time.

She looks at declared needs, may double check details then uses her judgement to decide best course of action if a specific service is not requested by referrer. She always checks back with family that they are happy to be referred before passing on.

This proves easier with some referrers than others who already had a system for referring direct to both P2P and Home-Start. This system can be particularly helpful with referrals to more than one service. This system also helps the programme management to have an overview of what is being requested for families so it can have a handle on need in area and what the gaps are. It also allows for judgements to be made on capacity issues and decide what is appropriate. The programme also has a handle on supply and demand. The system allows a method to monitor referrals from Social Services which can be excessive.

Referrals come in with very different levels of information (referral form is Appendix 10). Some very clearly state what intervention they want while others just describe need or problem. Most referrals come from Health Visitors. Sometimes the Co-ordinator only gets the referral form after referred to agency has already taken action as they have got it direct from referrer.

The number of referrals is increasing especially since publication and distribution of a referral protocol and form. The Co-ordinator anticipates that referrals will probably continue to increase and then level out. Referrals often come in waves as a Health Visitor doing 7 month assessments will suddenly generate an increase in home safety gate referrals however even this will peak and level out as more and more families have gates.

To decide which of Home-Start or Parent2Parent to refer to the Co-ordinator looks at each case individually and makes a decision based on what each service can do. Home-Start has limitations in that it cannot work with Child Protection cases and generally the more complex cases go to P2P. Families can always refer themselves to Home-start.

Very few of the current Health Visitor referrals are for Home-Start as the shortage in Health Visitors means that they are mostly working on Child Protection or heavy-end cases. Many of P2P referrals are from Social Services.

## Paid Staff and Volunteer view of Home-Start

### Volunteers

Volunteers who work with Home-Start see the main benefit to families of the work they do as being:

- Support
- Make them feel “normal”:
- Friendship
- Not on own – have a contact
- Build confidence in parenting skills
- Time to talk to other adults
- Not official
- Outsider won’t judge

The main benefits they get from volunteering were described as:

- Knowing you are helping – families are able to choose to take advice, giving choices
- Lighten load by listening
- Feel “needed
- Draw on own experiences
- Free Crèche
- Puts your problems into perspective
- Being thanked – builds your confidence
- Gain experience
- Learn from families
- Enjoy it!

They felt that the main things that would improve the work they do with families were:

- Ask families what they would like
- Exercise for families (Physical)
- More training – ongoing
- Training Workshops for volunteers on first aid, counselling and substance abuse which are subjects they would currently refer back to management

They felt that the main things that would improve the volunteering experience were:

- Nothing
- Support meetings which are currently not very well attended but do think peer support is valuable
- Social get-togethers but difficulties with timing to suit everybody
- Newsletter is valuable to share experience but more volunteers need to contribute

### Paid Staff

The Volunteer Co-ordinator explained that there are 30 volunteers in borough of which 11 have worked with 18 Sure Start families.

Volunteers receive 10 week prep course before they start and ongoing training as decided at support meetings (temporarily suspended due to illness of volunteer organiser).

There is no real average length of involvement but shortest involvement 4-6 visits and longest 9-11 months. Visits are 1hr minimum per week.

Outcomes are evaluated by speaking regularly to volunteers to get their views as well as visiting families to get their views. Review forms are filled in by the co-ordinator on family visits to assess how the family thinks they have moved on and whether they still have needs or any new needs. Volunteers ask for feedback and at the final visit they use a form to assess impact. (Appendices 9, 9a and 9b)

Communication with Social Services only happens if family are not initially involved but subsequently get involved. The Co-ordinator deals with feedback and phones Social Services but generally gets very little communication from them. With Health Visitors there is good two way communication although this has suffered since the staff shortages in Health Visiting.

There is excellent communication with most of Sure Start team although there is still some feeling of 'them and us' and tensions about still having own Home-Start management structure and ethos but being expected to work in Sure Start way as well. Sure Start has commissioned a service not a worker and there was a feeling that Sure Start wanted to own the Home-Start project rather than work in partnership with them as an existing provider.

The Volunteer Co-ordinator feels there could be more referrals especially as P2P appear to be working at capacity. She is leaving and not being replaced at Sure Start but will continue working across the whole borough. She feels that the referral process within Sure Start is slowing things down and what should just be a paper triage exercise has turned into something much more unwieldy. Home-Start is only working with two Sure Start families at the moment. She also feels that the type of work being done by Parent2Parent is very different as it covers a much wider age range of children as well as being crisis intervention as well as preventative.

She feels that in order to make things work better between Home-Start and Sure Start a team building day for service providers to include Home-Start volunteers and Sure Start team would be a positive move. Service providers would benefit from the support of one another and the chance to feed back negatives and promote positives within the team. It was noted that none of the volunteers who attended the Focus Group had ever been in the Ferham Centre before.

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## Staff view of Parent2Parent

The two P2P staff saw the main benefits of their work with families as being:

- Flexible service
- befriending:
  - gives families sense of being valued /cared for
  - gives families more confidence
- Help make appointment/attend appointments:
  - attend with them sometimes
  - GP, Hosp., Dentist
  - Social service, school, specialist services
- Children's Behaviour:
  - Helping/supporting parents
  - Parenting skills
  - Linking to specialist services
- Linked to other services:
  - Sure Start
  - Mainstream providers
- Funds:
  - Benefits
  - Small grants
  - Holiday funds
- Sorting out finances:
  - Advice
- Counselling /Listening:
- Time out for families:
  - taking family out
  - Time away from children
- Parenting Course
- Form Filling
- Practical Assistance

They felt that what would make their intervention better for families would be:

- More time
- More Support from mainstream services:
  - better co-ordination P2P and social services
  - information
  - attending case conferences
- If they were better at their jobs!
- Realistic expectations from clients

They felt that what would make their job easier would be:

- Recognition by statutory agencies of the value of service and its quality
- If statutory agencies engaged with P2P as equals (this does happen with individual workers but not organisationally)
- Funding for P2P-Project manager
  - organisational development-admin support
  - Co-ordination of roles

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They particularly felt that the religious roots of P2P and the whole ethos of the organisation helped them as staff to cope on a day to day basis.

The workers measured the impact of the quality of the work they were doing with clients in the following ways:

- Clients in when you visit -low levels of Did Not Attends (good measure of engagement)
- Tidy home/less chaotic environment
- Children look happier
- Observation of families/family interaction

In the future they would like to conduct exit interviews.

The workers felt that communication was good with some individual Social Workers but that it is usually P2P who do all the running and that there is none at an organisational level. They felt that communication with the rest of the Sure Start team was helped by sharing the same building and that they had a good relationship but that the team had very high expectations of them. Communication was good with what Health Visitors there are but it was being hampered by vacancies.

Each worker conducts about 20-25 client visits per week and the length of time varies from a whole afternoon or morning to a minimum of one hour for the worker engaging with older children (aged 5-13) and 15 minutes for the worker working with the under 4's with the average visit being 1.5 hours. The worker for older children generally visits every week while the worker for the under 4's visits every 10 days. The worker with older children generally works with families for between 9 months to a year while the worker with under 4's works for 3 to 18 months.

## Health Visiting Team view of services

Health Visiting teams value the Family Support work provided by Home-Start and P2P because they are able to make more frequent visits to families than a Health Visitor could do. Both services are seen as being able to help to prevent Child Protection cases and Post Natal Depression.

Workers from P2P and volunteers from Home-Start can undertake 'unskilled tasks' such as taking families to toddler groups that would be uneconomic for a Health Visitor to perform. They can also act as replacement for extended family. P2P and Home-Start are generally less threatening and better able to relate to families.

The Health Visiting team felt that both services were doing some very good individual and group work which Health Visitors can refer in to. Reports about what work is being undertaken with families by both services go through to Health Visitor specific and wider team meetings. It was felt that communication between the two services and health was starting to be really effective.

The support provided by both services is seen as being a vital part of what is needed by families in the area. However the team felt that they needed greater clarity of what each service can and can't do.

All three respondents had only been in post for three months but were positive about programme and family support work and feel it is developing really well. They find programme staff very approachable. It has now been agreed to reinstate referral meetings and to pass on info from family support services so Health Visitor case notes can be updated. There are also plans for a Health Visitor led baby clinic to which Home-Start volunteers and P2P staff could bring clients.

## Social Workers' view of services

Of the two Social Workers interviewed only one had worked with Home-Start.

Both workers felt that referrals to Parent2Parent would increase as clients are more willing to accept help from them rather than Social Services. It is also useful effective long-term support which Social Services cannot give. Social Services own Family Support Workers are so busy with transportation and contact visits that much of the day to day work gets referred to P2P. However, to really work across Social Services P2P needs to broaden the geographical area covered.

It was felt that the main benefits of the work done by P2P was that they could offer more frequent visits than Social Services and can therefore be more effective eyes and ears for Social Services. As their perception is that P2P have fewer procedures, policies and paperwork to complete they can offer a more flexible approach.

P2P was judged to be a very good service that is timely, useful and relevant. They have an exceptional, dedicated team who take responsibility and pride in what they do. They are seen as being willing to reevaluate their input to families and change their approach without being asked but do keep Social Services constantly informed. They hold monthly meetings to monitor progress and developments and agree timescales for involvement. Communication was judged to be excellent and it was felt that while Social Services is so involved in crisis and Child Protection work there is a definite need for other agencies to do long-term work.

It was felt that P2P could manage endings better and perhaps pass on to group work or other agencies. From visits three times a week to nothing is too dramatic a change for families. Parent2Parent was cited as being very good for welfare issues. However the waiting time for referrals from Social Services was too long – January referral of mum with baby expected March only got worker in July.

It was felt that Home-Start has the trust of families. Although volunteers do not contribute to the decision making at case conferences the service communicates well. Volunteers can concentrate on things like bedtime routines which take numerous visits.

Feedback from families is good. Volunteers get family trust and give time and space for parents. It was felt that the service offered by Home-Start should be an integral part of future service delivery for families involved with Rotherham Social Services. The Sure Start Health Visitor and nursery nurses were also judged to be very good and it was suggested that the programme could invite individual social workers to meetings about families they were involved with.

## Implementation Dimension

This dimension of the evaluation assesses the overall quality of services; including the extent to which services meet user needs and expectations.

### User views

The average time that families had been accessing Family Support from P2P was 17 months and from Home-Start nearly eight months. Most families saw a worker every week.

Reasons cited for needing the services were generally about not coping and a focus group held with parents accessing family support from P2P revealed:

The best things about being a parent are:

- learn new things
- everything
- watch them grow up, develop personalities
- children achieve things
- brings family together
- feeling of motherhood
- being with children
- children are my life
- look forward to seeing them
- happiness they bring you

The worst things about being a parent are:

- no sleep/bedtimes
- family tension
- lots of trouble
- affects social life
- who takes responsibility when are sick
- being on your own
- partner working
- it's stressful
- fear of the future
- school problems
- children being bullied
- children growing up
- not wanting children to leave
- children being demanding
- children being expensive
- different parenting styles between partners
- children playing parents off against each other

The things that would make it better for parents are:

- help and support
- people to talk to outside of family
- advice
- affordable baby sitting

Family Support Outreach Service (Parent2Parent/Home-Start)

- more time
- good relationship between partners
- balance in your life
- time away from your children
- more boundaries for children
- consequences for children
- less state intervention telling them what to do

They agreed with workers and volunteers that the main stress factors in family life are:

- children
- partners
- mothers
- income levels
- illness of self, children or in the family
- looking after parents
- caring responsibilities
- being new to area
- feeling like a stranger
- problems with neighbours
- no friends
- racism
- isolation
- lack of coping skills caused by lack of self esteem, poor self image
- lack of confidence
- living conditions - cold damp, can effect health
- combination of different factors can deal with one thing at a time, but combination too stressful
- debt

A breakdown of Sure Start service use by all the families interviewed is provided at Appendix 7.

### Quality of service provision

Overall, the service provided was perceived by service users to be of a high quality.

All of those who reported that they had difficulties in their relationship with their children said that the Family Support they had received from Home-Start or P2P had helped to improve this. All families said that they found the intervention helpful and valuable and there were few who could suggest improvements.

### Frequency of visits

The majority of parents were very satisfied with the frequency of receiving the services, however several commented that they would like the intervention to continue for as long as they wanted it and not be time-limited in any way.

### Communication with Users

Communication with service-users is a two-way pathway, enabling information to flow between service-users and service-providers in order to improve the service for

Family Support Outreach Service (Parent2Parent/Home-Start)

all parties, and can facilitate a more needs-led output. Most clients were aware of the reason they had been referred to the services and the interventions employed met their expectations.

A complete breakdown of user responses is attached as Appendix 6b for P2P and Appendix 6a for Home-Start.

## Unit–Cost analysis

The unit-cost analysis is based on average or approximate data due to the high degree of flexibility of working practice across these services. The unit-cost analysis does not include on-costs, such as administration expenditure, capital costs etc for Home-Start and Parent2Parent.

The costs for the Family Support provided by Home-start are based on the cost to Sure Start of a full-time Volunteer Organiser supporting 20 volunteers each supporting at least 2 families each per year for one hour per week would be £15.30 per hour assuming 40 visits per volunteer per year. However with the current low rate of referrals for the year to September 2004 this has risen to £47 per hour.

The costs for Family Support provided by Parent2Parent are based on the cost to Sure Start of one worker for 26 hours per week visiting 26 families each week for 40 weeks a year is £19 per hour. However over the last year P2P has actually supported 29 families so the cost has dropped to £17 per hour.

## Comparative Analysis

Although the services are providing different types of Family Support a comparative analysis has been conducted to:-

- ❑ Statutory and Voluntary sector services providing outreach family support to give parenting support as surveyed by Jill Tidmarsh and Justine Schneider in Costs of Family Support Services (Unit costs of Health and Social Care 2004 D.o.H.)

**Table 1: Comparative costs of outreach provision of Family Support**

Service provided	Parent2Parent per average 1 ½ hour visit	Costs to support Home-Start volunteer per average 1 ½ hour visit	Statutory and Voluntary Sector (average cost per session 45 mins – 4 hrs)
Outreach Family Support (Parenting Support)	£28.50	£22.95	£42.00

## Future Strategy and Planning

It would seem that clients are equally satisfied with the support they receive from both services. However, Home-Start was commissioned not only to provide Family Support but also to provide the main route for volunteering as a means to further training and employment for families with children under 4 in the Rotherham Central Sure Start Local Programme area. It is evident that this part of the service has not worked and the Board therefore need to revise their strategy for achieving the targets under Objective 4.

Another aim was for multi-disciplinary working with commissioned services. This has worked well with Parent2Parent but not with Home-start possibly because of their reliance on volunteers who work at their convenience rather than to fit in with the organisation. This is the nature of volunteering. If this continues to a priority for future working relationships with Home-Start, even though they will no longer be in direct receipt of any funding from the programme, it will be necessary to look at ways to integrate volunteers more closely with the rest of the Sure Start team whilst still recognising that they are not paid Sure Start workers.

The Parent2Parent service is currently working to capacity and the demand seems to be increasing with families currently already experiencing long waiting times to be seen. The service is highly valued by providers at a strategic and operational level and therefore needs to be funded in accordance with this to help it to expand and meet demand. Part of the mainstreaming strategy of the programme needs to incorporate partners in health and social services to do this to look at joint budgets and how they might be deployed to commission a borough-wide service from P2P. It may be that in the short term the funds that Rotherham Central Sure Start will save by not continuing to fund the Volunteer Co-ordinator from Home-Start could be used to help to continue to fund the P2P worker who was funded by the Children's Fund so she can work with families with young children. Whatever happens the programme should work on the assumption that at least 10% of families in the area will require some form of targeted family support which means that they should have the resources to deal with at least 70 families at any one time.

The Local Preventative Strategy aims to move the focus away from crisis intervention towards preventative services. In order to achieve this Sure Start will need to work together with the local authority to decide how best to use their joint resources. Key to this will be the eventual mainstreaming of preventative family support services such as those provided by Parent2Parent and Home-Start.

## Cost Benefit Analysis

Given how much these services achieve in terms of outcomes for some of the most vulnerable children and families in the area it would seem to be well justified in terms of the cost versus the benefit. This is particularly true as Social Services, by their own admission, believe that Parent2Parent and Home-Start are better able to provide the sort of longer-term service that families value and is of most benefit. This is also the view of the Health Visiting Team.

However, given the recommendations for the future it could be that even greater benefit could be derived if the relationship between what Home-Start offers and what P2P offers and how that fits with Sure Start could be clarified as it is clear from this report that the perceptions of the three different parties are not always congruent and that outside agencies are not clear about the differences between the two services. This will be particularly necessary as Sure Start works with the local authority and Primary Care Trust to ensure that the good work it currently does on Family Support with Parent2Parent and Home-Start is recognised at a borough-wide strategic level and incorporated into plans for the future.

## Executive Summary

To provide Family Support Outreach Services in the area Sure Start Rotherham Central Local Programme commissioned two voluntary sector providers – Home-Start, a local service working to the standards of the national umbrella organisation Home-Start UK, and Parent2Parent a local service within the Sheffield Diocese.

Cordis Bright Ltd was commissioned to evaluate and compare the two services at a strategic, operational and implementation dimension by consulting with personnel from Health, the Local Authority, Sure Start and the two providers as well as with volunteers from Home-Start and users of both services.

There are differences between the two services:

- ❑ Home-Start trains and uses volunteers who are co-ordinated by a paid staff member while Parent2Parent uses paid staff to support families in their homes.
- ❑ Parent2Parent works with families and children up to the age of 14 while Home-Start works with families with children under four years old.
- ❑ Home-Start works only with families in need of crisis prevention whereas Parent2Parent will work with families who already children on the Child Protection Register.

Sure Start wanted Home-Start to be the main route for parents to become volunteers as a route into employment in order to meet its reduction in worklessness targets. However it is acknowledged that it has been difficult to recruit parents to attend the Preparation Course to become volunteers with Home-Start while recognising that those few that did have quickly gone on to find paid employment.

Personnel in both Health and Social Services at an operational and strategic level acknowledge the value of the preventative work that both services undertake by providing much needed services to vulnerable children and families for whom few other services are currently available. These two voluntary sector providers are also helping to support the statutory work of Health Visiting and Social Services where there are currently staff shortages. However both these services and the Sure Start programme would like to see increased capacity particularly in the more intensive work done by Parent2Parent.

Users are generally very happy with the quality of support from both services and said that the intervention provided had helped them and their children.

Both providers appear to be able to provide services which represent value for money but the programme has not yet developed ways of consistently recording outcomes.

This type of service appears to be well within the framework of the Local Preventative Strategy and the local authority is keen to place a greater emphasis and make resources available for more preventative family support work of this kind.

## Key Action Points

- **Sure Start, Parent2Parent and Home-Start** need to work together to agree the content and format of promotional material which explains how family support services are provided by them through Sure Start and what the differences between the two services are. This then needs to be widely disseminated at an operational and strategic level.
- **Sure Start** needs to work with **Home-Start** to better integrate volunteers.
- **Sure Start** needs to revise its strategy for the reduction of worklessness in the area.
- In the short term **Sure Start** needs to decide whether it can increase the funding it gives to Parent2Parent in order to ensure that the service can be at least maintained at its current level if not expanded.
- **Sure Start** needs to review how it records information on its database so that it can more easily evidence the impact that services such as the family support offered by Parent2Parent and Home-Start make.
- In the longer term **Sure Start, Parent2Parent and Home-Start** need to strengthen their strategic links with Health and the Local Authority so that they can present the evidence to support the mainstreaming of these family support services.
- **Parent2Parent** needs to continue to explore avenues of funding to try and secure a paid Project Manager so that the service can expand.