

Ore Valley Sure Start

Spotlight Project Evaluation
NCH

March 2003

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Introduction

Two services were 'spotlighted' by the Sure Start partnership for individual evaluation, as part of the wider Sure Start evaluation. Services identified were the NCH Family Support Workers and Home-Start Hastings and Rother. This report focuses on the service evaluation of NCH Family Support Worker service.

The purpose of the evaluation is identify the effectiveness of Homestart and NCH family support services, including:

- ❑ service quality
- ❑ cost effectiveness
- ❑ how well these work with other agencies
- ❑ how the services promote the role of, and involvement of local parents and
- ❑ whether these support the achievement of Sure Start objectives and key principles

What the evaluation report concludes is that there is a high degree of satisfaction amongst service users with the NCH service, that the service is relatively inexpensive, vis-à-vis alternatives (especially as a service that is delivered by trained staff) and that the service is well embedded within the Sure Start Ore Valley programme and wider partnership.

Methodology

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

- Degree of integration into the wider Sure Start partnership; including the extent to which they support the achievement of Sure Start objectives and key principles
- Efficacy of partnership working with external agencies, such as associated voluntary and community bodies
- Success in involving the community and parents in design and delivery of services
- Overall quality of services; including assessment of service need in the community, the extent to which services meet user needs and expectations.
- Cost indicators for services

To gain an understanding of the service on these dimensions, the evaluation necessitated a number of levels of analysis. These include background and desk-top research, consultation across the partnership, qualitative and quantitative analysis of data. Interviews were conducted at all levels of engagement; with service users, paid staff, and service co-ordinators. This multi-level approach ensured feedback was obtained from people engaged at all levels of service provision and use.

A variety of consultation methodologies has been employed and are listed below.

- Team Interviews** (5th February 2003) A 2 hour semi-structured group interview was held with both family support workers and the team co-ordinator.
- Client interviews** (10th - 28th February 2003) A total of 32 clients (24 current users and 9 ex-users) were informed by post of the evaluation and that they may be selected for interview. A sample of 13 clients were then chosen randomly, of which 3 were no longer using services. Introductory phone calls were made to arrange a suitable time for respondents to conduct a 10 minute structured telephone interview. All interviewees were informed that interviews would be treated as confidential.
- External Agencies** (3 March 2003) 2 referral agencies were interviewed, using semi-structured interviews to enable

understanding about their experience of making referrals to NCH and their perspective about what they perceive the quality of the services their clients are likely to receive.

In terms of the 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 January 2002-November 2002 visits and the total grant made available in 2002/03. To enable comparison of unit costs for the purposes of assessing cost effectiveness, the following unit costs are provided:

- ❑ NCH family support workers funded by Sure Start Ore Valley
- ❑ Home-start Hastings and Rother
- ❑ Another Home-start service in an area with a similar profile to Sure Start Ore Valley in terms of ethnicity and lone parenting status (applying the same costing methodology)
- ❑ Family support workers studied as part of *Unit Costs of Health and Social Care 2001*¹, albeit with an inflation uplift assumption of 4% in the costs of family support workers.

¹ PSRRU, *Unit Costs of Health and Social Care 2001*, p.118

An overall picture

Two family support workers are funded through the Ore Valley Sure Start programme. Initially established 3 years ago as part of the NCH Tall Trees Family Centre team, the two family support workers have only been funded, and hence situated, in the Sure Start office for the last 12 months. Both workers are still managed through NCH.

The family support workers carry out a number of activities to help provide support for parents and carers. The bulk of their work is outreach services (estimated at 80% of their total workload), for which each support worker has approximately 15 active clients at any time. Each client is visited on average for one hour a week. The length of time a client receives support varies depending on the nature of their difficulties, but average turn-over is approximately 50% every 6 months.

In addition to the outreach service, the support workers run a number of groups. These are conducted on an ad-hoc basis depending on need and are listed at Box 1:

Box 1: Groups facilitated by Family Support Workers

- Drop-in Groups
- Post-natal Under 21s Group
- Parents Workshop
- Cooking Group
- Parents and Baby Swimming Group

Average attendance at the groups is approximately 12 parents, but this can vary depending on a number of factors; such as time, nature of group, weather etc.

Using the basic unit cost model which deduces what the average cost of a contact by reference to the total Sure Start contribution, using January 2002- November 2002 visits and the total grant made available in 2002/03, the average contact cost of the NCH family support service is £15.07.

On the basis of comparisons with Home-start Hastings and Rother, another Home-start service (in an area with a similar level of unemployment, ethnic profile and with family support workers studied

as part of *Unit Costs of Health and Social Care 2001*, the NCH service compares very favourably. This is the case both as it relates to:

- ❑ statutory provision (see FWS); and also to
- ❑ voluntary sector provision, especially as paid trained staff conduct all of the delivery at NCH vis-à-vis Home-start that deliver services predominantly through volunteers.

Home-start H and R	Home-start (anon)	NCH family support	FSW (Unit costs)
13.76	22.57	15.07	28.08

Service Evaluation

Integration into Sure Start Partnership

Both family support workers felt much more involvement in the Sure Start Ore Valley partnership since relocating from the NCH office to the Sure Start office. This move has clarified their relationship with Sure Start, and information is now regularly shared through the nature of the location and new working practices. However, with the origins of the service in NCH, the management, supervision and training is still conducted through them and accordingly the staff feel more a part of NCH than Sure Start.

This dual allegiance is a reflection of the new partnership working that is successfully being implemented by Sure Start Ore Valley. The family support workers state that one of the most positive consequences of being part of the Sure Start partnership is closer multi-agency working.

Throughout the NCH team, the Sure Start Ore Valley programme is seen a cohesive body that has improved inter-agency communication. However opportunities still exist to develop communication between Sure Start and the agencies.

The open-partnership structure of Sure Start, whilst allowing for open communication channels, can mean less time-efficient working. The team co-ordinator suggested a '*leaner, meaner partnership board*' structure might allow for greater consistency at meetings and consistency in knowledge sharing, allowing for more efficient working

practice. The team co-ordinator is also pleased to note that this has occurred during the period.

Partnership Working

Sure Start has successfully established more effective partnership working between agencies in the Ore Valley area. This is highlighted in examination of the spotlight services. Standardised procedures have been implemented (such as referral forms, family support meetings) and informal networks of communication have been established. These informal networks have proved most effective in making referrals, and referring patients on, to services.

For NCH, the majority of referrals are from health visitors or self-referral. Examining the source of this high level of self-referral it further highlights the impact of improved partnership working between Sure Start agencies. Just under half the clients interviewed (46%) were made aware of family support workers through other Sure Start services.

Health visitors and the speech and language therapist both identify that the NCH family support service is easy to make referrals to, relying on internal post. The process of referral and services commencing is relatively quick, according to the health visitor, and compares favourably with the equivalent Home-start service. Moreover, both services indicate that their understanding of what common clients experience in the way of services is very positive. The health visitor indicated, for instance, '*NCH in particular seems to be really valued. They provide longer term support and some people actually go on to rely on it quite heavily*'.

The project teams believe the combination of standard procedures (e.g. referral forms, joint agency meetings) and informal communication networks allow for comprehensive information sharing, making for efficient and smooth operations. In many aspects the development of close informal working relationships has augmented information sharing beyond that of standard working relations. This has allowed for a collaborative, consistent approach to better empower and enable families.

This higher level of awareness of services has also allowed more efficient referrals on to services. In general NCH, refer the great majority of their clients onto additional services. The main service referred on to is Play-link. In addition, services such as related to early years and the procurement of services from health visitors, CAB and CRI frequently occurs.

Parental Involvement in service design and delivery

At one level the community is placed firmly at the centre of service delivery for NCH services. Over three-quarters (76%) of respondents rate their outreach worker as very flexible indicating a responsiveness that places clients at the centre of service delivery. This was reflected in spontaneous comments made by service users as shown in Box 2 below.

Box 2 : Aspects of the service that have worked well

Everything. There when I need her, I can always speak to her on the phone.

Knowing that I can ring her at anytime then I know that she will come around.

Confidentiality, convenience

However, with regards to ongoing service design and delivery, NCH does not have any standard planning mechanisms in place to enable a formal parent contribution to service design and delivery. Only 39% of NCH service users said they were aware of a feedback or complaints mechanism, most of whom said they would contact the Sure Start office. There was no indication of dissemination of any information to clients regarding a feedback or complaints procedure.

It is important to note that most clients clearly expressed they never had the need to make a complaint and therefore had not taken any note of the procedures required. However, as an integral aspect of Sure Start Ore Valley services, it is important for clients to be involved in the on-going shaping of services. With respect to this, an opportunity exists to create standardised procedures that will encourage feedback and allow for on-going tailoring of services to meet client needs.

These processes could take the form of:

- sending standard questionnaires to clients (this would allow for anonymity)
- conducting telephone interviews and/or
- providing information on who to contact in the case of a complaint or suggestions for improvements to services

- ❑ having a service development forum that brings together service users with programme management to evaluate programme outcomes and feed into programme planning processes.

The absence of standard follow-up procedures further exacerbates this problem, and a feedback procedure could be incorporated into this.

NCH notes that this is a key area for the future of the service, and considers that linking into the Sure Start Ore Valley community development worker may provide a conduit for conducting ongoing service evaluation.

Service Quality

Meeting Demand

User Profile

In examining the client group receiving services, NCH clients are overwhelmingly single, females of white British ethnicity. Of the clients interviewed NCH showed approximately a 1:6 ratio of men to women (which is comparable to similar Sure Start programmes), majority single parents (62%) and 100% white British ethnicity. Whilst this is not representative of the Ore Valley population, it can be regarded as reflecting service need in the area.

Interviewees of the NCH service are between the ages of 18 and 64 years. This wide age bracket reflects that of the broader community survey and indicates the wide demand for service need across the age groups.

Our sample was over-represented on a number of high need groups. These are:

- ❑ Two thirds of the client group were of lone parent status, compared to 45% in the parent-led evaluation
- ❑ With regards to special needs, 23% of parents interviewed had special needs and 47% of children had special needs.
- ❑ The parent-led evaluation of Sure Start parents indicated 4% of the Sure Start population as parents-to-be. Again our sample was over-represented on this demographic at 15%.

These relatively higher proportions in demographic groups are indicative of service provision being targeted at groups with higher level needs, and as such can be considered to be meeting population needs in the Ore Valley area.

Service Requirements

Sure Start provides a number of outreach services within the Ore Valley area. Alongside NCH these include Home-Start, outreach health visitor services and a Playlink home visiting service. All services are highly regarded by recipients (ref: evaluation report). However, NCH Family Support Worker service does provide a unique type of support within this arena.

NCH family support workers provide a wide range of outreach support services directed at all levels of family need on both a short-term and long-term basis. Family support workers state the flexibility they offer in terms of support as one of the most valuable and unique aspects of their service. Clients receiving the family support worker services hold this supportive befriending aspect of the service in the highest regard, as shown in Box 3 below.

Box 3 : Aspects of the service that have worked well

Has become a friend of the family. I wouldn't be without her she's a complete diamond. It's someone else to talk to. I fully believe in her

Knowing someone is there to support you and talk to you

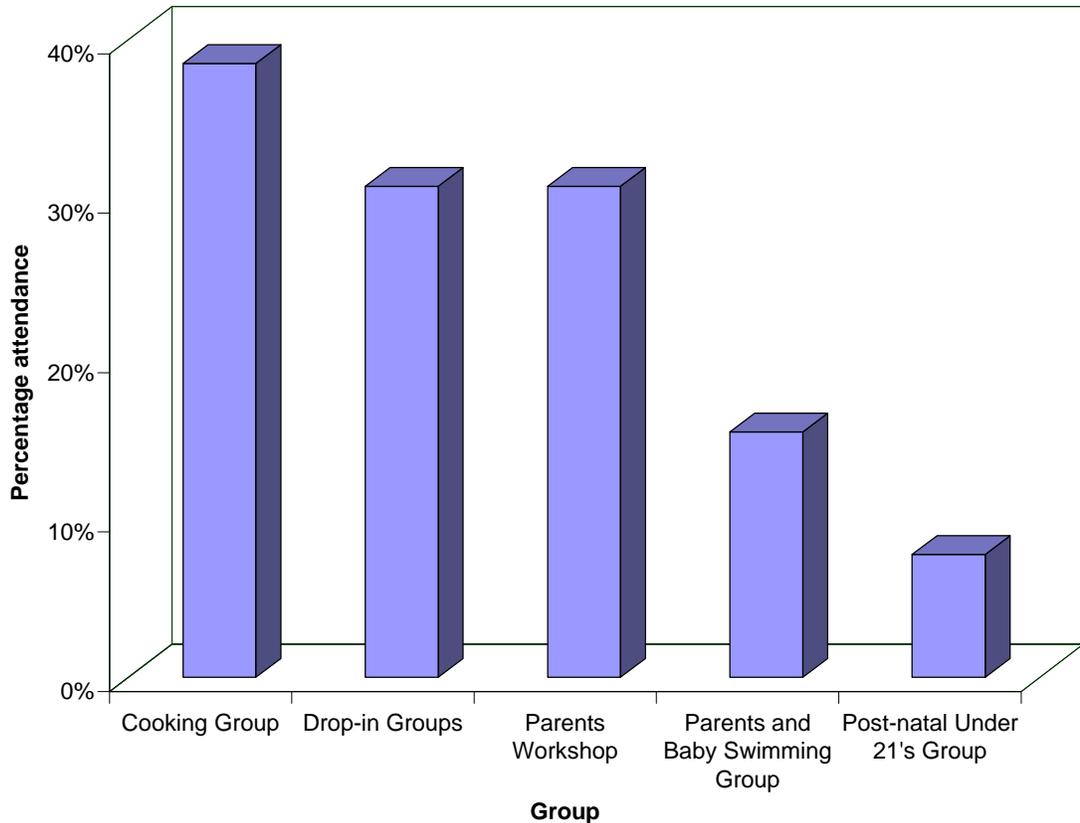
Supportive and helpful with any problems. She will try her best to sort them out

This need for services is further reflected in the current capacity of the NCH Family Support Worker outreach service, which is at full capacity. Though referrals are rarely refused, target caseloads (initially set at 10 clients per worker) have been exceeded (both workers have between 12 and 15 active clients). This demand for services highlights the need for supportive outreach work provided by the services.

Alongside the outreach service the NCH staff provide groups for Sure Start parents. These are run on an ad-hoc basis to match client need. Family Support Workers estimate that 50% of their outreach clients also attend groups. The levels of attendance are shown in Chart 1 below.

Chart 1 : Chart to show relative levels of Group attendance

(Sample size = 13)



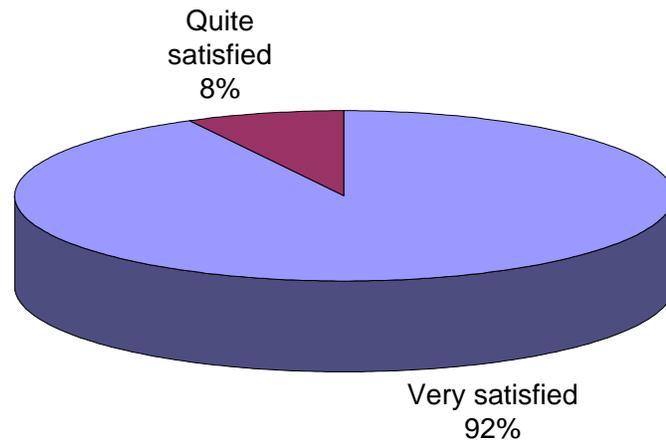
This demonstrates a level of demand for the groups available. Attendance rates suggest the cookery, drop-in and parents workshop groups as the most highly attended. This is because of the opportunity it affords for mixing with other parents (31% cited this as the aspect they liked most about the groups). This is aligned to the objectives of service provision of providing parents with additional support and reducing isolation. Noteworthy, however, is that the parents and baby swimming group does operate at capacity. Safety and transport constraints limit the service capacity.

Meeting Expectations

Overall, NCH family support worker service provides clients with high, quality service provision which has greatly met their expectations and needs. Chart 1 below shows overall levels of satisfaction with the services.

Chart 2: Overall level of satisfaction

(Sample size = 13)



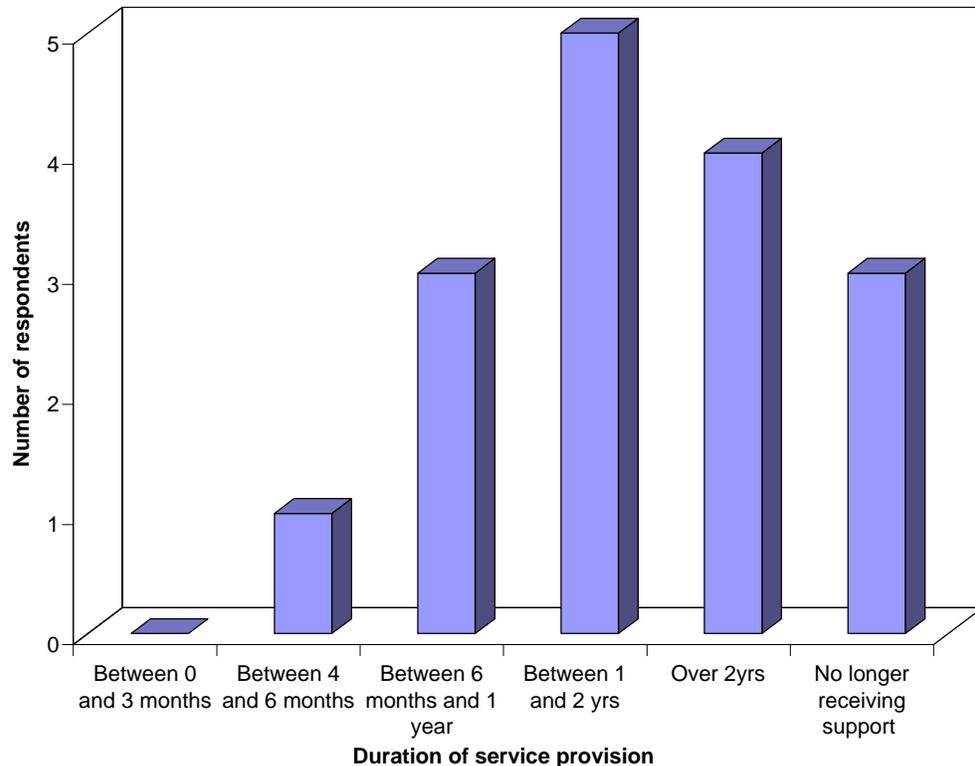
This shows incredibly high levels of user satisfaction. No respondent was less than satisfied with the service, and moreover 92% felt 'very satisfied'. This indicates the family support service is meeting and surpassing user expectations. This result is to the credit of the NCH team.

Service Delivery

The outreach service is generally used on a long-term basis, with 60% of clients receiving the service for over a year. Family Support Workers state the average length of time of engagement ranges from a few days to two years. The length of time that users receive services varies depending on need. Clients indications of duration of service are shown indicated in Chart 3.

Chart 3 : Length of time of delivery of Home-Start services

(Sample size = 13)



In general, the support workers visit families either once a week or once a fortnight. Once a fortnight is the maximum length of time that will pass without a visit from a support worker. The overwhelming majority of clients found the process of making appointments, both initially and on an on-going basis, as easy and efficient.

100% of respondents found the times of the appointments suitable (as they are made collaboratively with the client). Nearly all clients found the referral process to the service efficient (85%). The standard procedure is to conduct a phone call within a week and start the service within 2 weeks. An initial assessment is also conducted on the first visit to identify needs.

When appointments were not kept, the most common reason cited was that an unexpected event had occurred (23%) or that the child or parent was ill. Again it is to their credit that most respondents could not think of a reason why someone would not keep an appointment.

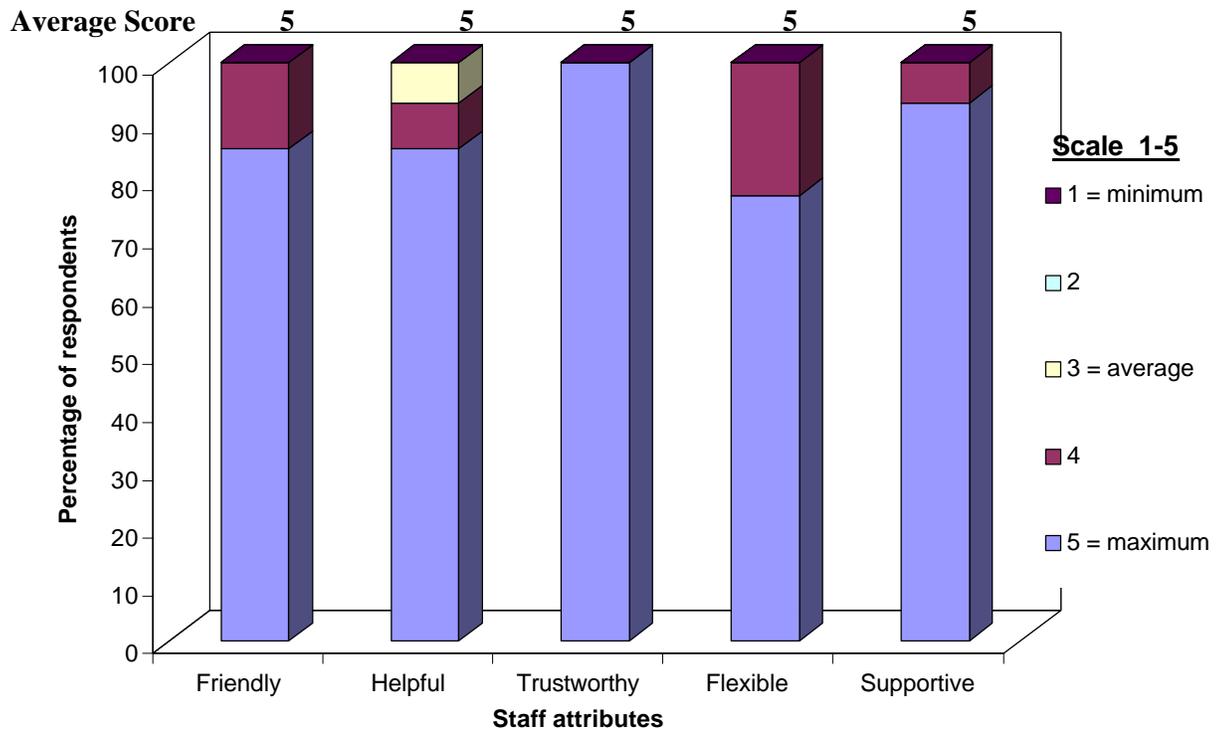
With regards to the groups managed by the family support workers they are considered accessible and convenient. Only one parent considered the location of the groups a barrier to access.

Service Quality

The NCH service was extremely highly regarded in terms of the family support workers and the impact it made on clients health and well-being. The staff received hugely positive feedback and received the highest rating possible on attributes of friendliness, helpfulness, trustworthiness, flexibility and supportiveness. These responses are shown in Chart 4 below.

Chart 4 : Chart to show staff attributes

(sample size =13)



Impact of Service

The overall efficacy of the service can be demonstrated by the impact it has on client needs. The NCH service is intended to provide support to clients, and hence improve their health and well-being. This was found to be very much the case with the service, and the impact was felt strongly by service users. This is reflected in client comments as shown in Box 4 below.

Box 4 : Impact on health and well-being

*There are times when I don't know what I would do without her
it has improved my family life, my relationship with my partner and
with my children
Helped me and gives my daughter something to look forward to
Got me out and about when I wouldn't go out*

The reliability and flexibility of the support workers is an integral aspect of service provision impacting on service quality. Table 1 below shows the main aspects of health and well-being that are targeted by the outreach service, demonstrating the wide-ranging impact of the service.

Table 1 : Parent's aspects of health and well-being that NCH has an impact on

Aspect of health/ well-being (No of respondents = 13)	Percentage
Increased self-esteem	77%
Reduced isolation	77%
Improved general mood/ feel happier	77%
Reduced levels of stress	92%
Increased confidence as a parent	69%
Improved parenting skills	85%
Improved my relationship with my child/children	77%
None	0%

Across the board the impact is felt less strongly by children, this is in part because the children are frequently too young for the parents to perceive them receiving direct benefits, but also due to the service being more targeted at parent's needs. The breakdown of children's needs is shown in Table 2 below.

Table 2 : Children's aspects of health and well-being that NCH has an impact on

Aspect of health/ well-being (No of respondents = 13)	Percentage
Improved behaviour	62%
Increased confidence	62%
Reduced isolation	31%
Improved general mood/ feel happier	62%
None	31%

One of the most significant indicators of the success of the NCH service is that no respondents thought the service had aspects that were not working well. This is mirrored in the fact that no improvements to the service were suggested by parents. This is highly unusual and should be something that the NCH team can be extremely proud of.

With regards to the groups run by the family support workers, they effectively augment the outreach service, providing a venue for parents to meet, where parents can '*relax in a friendly environment*'. They are also perceived as improving skills and allowing '*my child to have new experiences, like cooking for example*'.

The NCH outreach service provides comprehensive, high quality service that fills an important need for parents in the Ore Valley area.