Ore Valley Sure Start

Spotlight Project Evaluation
Home-Start

March 2003

Introduction

Two services were 'spotlighted' by the Sure Start Ore Valley partnership for individual evaluation, as part of the wider Sure Start evaluation. The services relate to externally provided family support services.

These are the NCH Family Support Workers and Home-Start Hastings and Rother. This report focuses on the service evaluation of Home-Start Hastings and Rother, as it relates to the provision of services to Ore Valley Sure Start families.

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 Home-Start Hastings and Rother service and that the service is relatively inexpensive, vis-à-vis alternatives. That said, however, recruitment difficulties with the programme at the start of 2002/03 impacted on service levels and increased the overall unit costs of the programme. Fortunately, by quarter three these issues were resolved and the programme re-established itself.

Methodology

The evaluation of the Home-Start service was conducted on a number of dimensions:

1) 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

2) Efficacy of partnership working with external agencies, such as associated voluntary and community bodies

3) Success in involving the community and parents in design and delivery of services

4) Overall quality of services; including assessment of service need in the community, the extent to which services meet user needs and expectations.

5) Cost indicators for services

To gain an understanding of the Home-Start service on these dimensions, the evaluation involved various levels of analysis.

In terms of 1-4, we undertook background and desk-top research, qualitative and quantitative analysis of data and interviews at all levels of engagement- with service users, paid staff, volunteers, co-ordinators and agencies that make referrals to the Home-start service.

A variety of evaluation methodologies have been employed and include:

- Team focus group (5th February 2003) A 2 hour semi-structured focus group was held with the manager and co-ordinators, supplemented by an interview with the manager.

- Volunteer Interviews (10th – 11th March 2003) 5 minute semi-structured telephone interviews were conducted with Home-Start volunteers.

- Client interviews (10th February - 11th March 2003) A sample of 12 clients were requested by post to participate in the evaluation. Introductory telephone calls were made to arrange a suitable time for respondents to conduct a 10 minute structured telephone interview.

As a number of clients were unavailable to participate this resulted in a total sample size of 9. 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 Home-Start and their perspective about what they perceive the quality of the services their clients are likely to receive.

In terms of 5, unit cost analysis was undertaken by 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, discounted by 8.4%. To enable comparison of unit costs for the purposes of assessing cost effectiveness, the following unit costs are provided:

- 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)
- NCH family support workers funded by Sure Start Ore Valley
- 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

Home-Start Hastings and Rother currently have 20 volunteers supporting 61 families. In their work with families living within Ore Valley, Home-Start Hastings and Rother currently supports 18 families in the area through volunteers (supporting 10 families) and co-ordinator support (8 families). Within the Ore Valley area, there are 7 volunteers who have been matched to one or two families.

Reliance on volunteers is both a strength and a challenge for the programme, with a mismatch between the demand for services and the supply of properly trained, appropriate and reliable volunteers. To ensure that there are limited delays for potential families from Sure Start Ore Valley, co-ordinators are also undertaking visits with families. Moreover, following a year in which attracting volunteers has been particularly difficult, Home-Start Hastings and Rother's volunteer recruitment strategy produced dividends by year end with 12 volunteers (at least 4 of which are from Ore Valley) having started the 8 week course to prepare volunteers for undertaking visits.

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 Home-start Hastings and Rother service is £41.29. On the basis that an average contact is three hours, the average cost of service provision per hour is £13.76.

On the basis of comparisons with NCH family support workers, 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 Home-start service compares reasonably favourably.

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

On this basis, Home-start Hastings and Rother compares favourably to alternative family support services, and indeed compares very favourably with another similar Home-start service. However, given that this is a largely volunteer service delivery model, this suggests that the

costs of management associated with the model are high, relative certainly to NCH family support services.

Service Evaluation

Integration into Sure Start Partnership

Within the programme staff, there is a degree to which Home-Start Hastings and Rother are integrated into the Sure Start Partnership. This can be determined at strategic levels, levels that reflect operational interdependence and levels that reflect the place of volunteers within the wider partnership.

Strategically

Strategically, the programme manager was a member of the Sure Start Ore Valley Partnership Board, but determined that it was critical to concentrate on service delivery and as such, ceased involvement at the Board level. This was made particularly important with recruitment pressures during 2002/03, which resulted in a period where no referrals were accepted.

While a benefit is the releasing of capacity to focus on service delivery, a downside is that '*a lot of people don't see what we do and that we are innovative. There is an assumption because Home-start has been here for a long time that we are not innovative'*. The reality is that Home-start nationally undertakes considerable research into appropriate policy and practice within the family support area.

If there is scope for greater strategic working between the Sure Start Ore Valley programme and the Home-Start Hastings and Rother this would be most welcome.

Home-Start Hastings and Rother would also welcome the introduction of newsletters and more efficient monitoring arrangements with Sure Start Ore Valley to enable improved understanding of what services are available and greater efficiency in delivery.

Operational partnerships

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 clients on, to services.

The family support meetings introduced by Sure Start Ore Valley in the latter part of 2002 to enable mutli-disciplinary multi-agency meetings to ensure that common clients receive appropriate services are well regarded by the Home-start programme. The Home-start programme recognises that these are getting better and enable the '*Jigsaw to be put together for families.'*

The majority of referrals for Home-Start 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. For Home-Start just under one third of the clients interviewed (29%) were made aware of family support workers through other Sure Start services.

Indeed, opening up self-referral as a route for accessing Home-start services is a product of the relationship between Home-start and Sure Start Ore Valley. Self-referral is also increasing in popularity.

In interviews with agencies that make referrals to Home-start, the view of the referral process was most satisfactory.

Health visitors indicated that Homestart is contacted by external post, and that Home-start is good at responding to referrals and general queries. Homestart referral times take a little longer than NCH services, but health visiting observes this is a reflection of the nature of the service, given that there is a need to undertake an assessment and then to match a volunteer with the family.

Health visitors did indicate that there are instances where some local parents turn down Home-start help, generally because circumstances can change by the time a volunteer is available for the parent. Indeed, ' *I have only heard positive things about the service and have never received a complaint'.*

A speech and language therapist goes on to say, ' *the parents I have met have been pleased with Homestart – they welcome the help and assistance and parents genuinely appreciate the help. Homestart also offers more practical help* (compared to NCH and other services) *which is liked by parents'.*

Home-start also takes practical good practice steps to ensure that referral processes work efficiently, writing to each referring organisation to let them know that their client has been in contact with their service.

In terms of making referrals, Home-start staff indicate that about 9 to 10 families have been referred on for additional services, such as the Citizens Advice Bureau, speech and language therapy, Play-link, Social Services, mental health services and services to meet the special needs of children and parents.

Home-start would like better and more up to date information about what services are available locally to Ore Valley families to enable greater referral and signposting of families to services that they need.

Place of volunteers within partnership

Amongst volunteers, levels of awareness of Sure Start services are high. This is due to Home-Start clients receiving Sure Start services concurrently with the Home-Start service.

However none of the volunteers feel directly involved in, or part of the Sure Start Ore Valley partnership. This in part reflects the need to try and involve volunteers from other geographical areas to avoid inappropriate matches. This is demonstrated by comments such as, '*has not made any difference to my work, but has made families lives easier*' and '*offers support to families that you are aware of when visiting, but I feel solely a part of Home-Start.'* Moreover, virtually none of the respondents had received information about Sure Start through their role as volunteers (one respondent commented that they '*got information about Sure Start with their Home-Start pack, but I'm not sure if that is because I am Sure Start parent too'*.

On-going support and feedback mechanisms for volunteers were also perceived as being provided solely by the Home-Start service rather than Sure Start Ore Valley. Understanding what Sure Start offers was identified as being provided through training sessions that volunteers had attended as part of on-going training.

Parental Involvement in service design and delivery

Consistent with the aims and objectives of Sure Start Ore Valley, ensuring that service users are at the centre of service design and delivery is regarded as fundamental.

The process of initial assessment with a client enables clients to set targets jointly with the project worker, and provides a basis for assessment. Moreover, approximately two thirds (67%) of respondents rate their outreach worker as very flexible, indicating a level of responsiveness that places clients at the centre of service delivery- the notion of 'customer-centric' services. This is further reflected in the 100% satisfaction levels of suitability of service times and the ease of making appointments. Spontaneous comments made by service users, such as *'good back-up systems, very flexible'* further emphasise this aspect.

With regard to on-going service design and delivery, Home-Start does not have a standard planning mechanism in place that enables client input into the design and delivery of the service at a more strategic level. That said, a number of Home-Start clients said they had been provided with information on how to provide feedback in the form of a leaflet or a letter. 71% felt they were aware of a feedback or complaint mechanism; the most common method stated would be to contact a project worker. However, the case study below highlights an opportunity for improvement in this area.

Box 1: Case Study

One individual, receiving support from Home-Start, did highlight a need to tighten feedback procedures. After being matched with a volunteer that she felt was unsuitable, she made clear her reservations and asked for a replacement volunteer. The client's request was followed up and she was matched with a new volunteer. In this respect, the client felt the team was responsive to her needs. However, retrospectively, further clarification of the steps that would be taken in response to her complaint would have reassured her and allowed her to provide further feedback. In this instance, she felt she would have further expressed her reservations about the volunteer and been able to clarify the procedures.

It is important to note, however, that most clients clearly expressed that they had never had the need to make a complaint and therefore had not taken any notice of the procedures involved. However, as an integral aspect of Sure Start 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 planning frameworks, such as care planning

conferences involving the clients and the agencies that are helping them and/or single assessment processes across Sure Start services, that will encourage feedback and allow for on-going tailoring of services to meet client needs is worth considering.

Home-start also note that currently 3 monthly review visits take place by the supervising co-ordinators to clients. These do provide an opportunity for feedback on services. However, they recognise the lack of anonymity may provide a barrier to negative feedback or complaints and hence act as a block to service development.

Service Quality

Meeting Demand

User Profile

In examining the client group receiving services, Home-Start clients are in the majority single, females of white British ethnicity. Of the clients interviewed Home-Start showed approximately a 1:4 ratio of men to women (which is slightly over-represented for men in relation to similar Sure Start programmes), majority lone parents (86%) 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.

All interviewees of the Home-Start service were between the ages of 25 and 44 years, which matches broadly the demographic profile of Sure Start Ore Valley (82% fall between this age bracket). The narrower age range may be resultant of smaller sample size, but may also be indicative of greater service demand for this age group.

Three quarters of the client group were of lone parents status. This is higher than the demographic profile of the area (45%), though this does match the current proportion of lone parents using the Home-Start service (44%). In general, therefore Home-Start is matching user needs in the population, but is over-represented in our sample and should be taken into consideration when examining the results.

With regards to special needs, one third of parents interviewed had special needs and 44% of children had special needs. Again, these high proportions are indicative of service provision being targeted at groups with higher service need.

The large survey of Sure Start parents indicated 4% of the Sure Start population were parents-to-be. This need was not met in our sample of respondents, as none of our interviewees were expectant parents. With a small sample size (9 respondents) this demographic status could be missed. However, an opportunity may exist to target parents-to-be to ensure this is not a gap in service provision.

Service Requirements

Sure Start provides a number of outreach services within the Ore Valley area. Alongside Home-Start these include NCH, outreach health visitor services and a Playlink home visiting service. All services are highly regarded by recipients. However, Home-Start provides a unique type of support within this area providing a service targeted directly at helping parents (rather than a service for the direct benefit of the children). This aspect is held in high regard by both volunteers and clients. Some comments are shown in Box 2 below.

Box 2 : Aspects of the service that have worked well

Gives them somebody for themselves (volunteer)

Helps you feel better about yourself and not worry about others (client)

Increases self-worth that a person came to visit her rather than her children (volunteer)

Families feel they are worth someone coming to visit them…increases confidence (volunteer)

Another specialist aspect of the Home-Start service is the befriending aspect. This supportive element is also held in the highest regard, as shown in Box 3.

Box 3 : Aspects of the service that have worked well

Empathic listener and non-judgemental. Helps you feel better about yourself and not worry about what others think

The best aspect for me is my relationship with volunteer

Just having someone to chat to

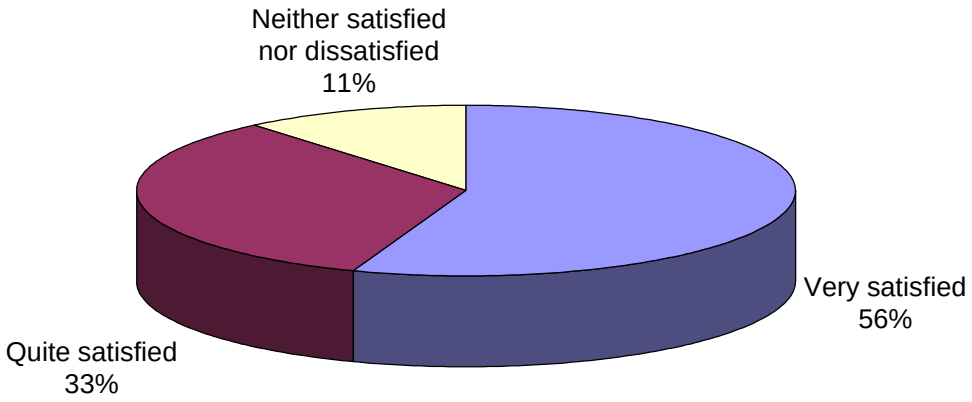
This need for services is further reflected in the high demand for services. Currently, Home-Start cannot meet the demand for services and is over capacity. Just over a quarter of all referrals are rejected due to a shortage of volunteers and 9% are rejected due to shortage of scheme resources. This demand for services highlights the need for the supportive outreach work provided.

Meeting Expectations

Home-Start provides high, quality service provision that has greatly met user expectations. Chart 1 shows overall levels of satisfaction with services.

Chart 1: Overall level of satisfaction

(Sample size = 9)



This shows very high levels of user satisfaction , in total 89% feeling very satisfied or quite satisfied, with no parents feeling dissatisfied. Unusually, and to the credit of the Home-Start team, this indicates a high correlation between service provision and user expectations.

Service Delivery

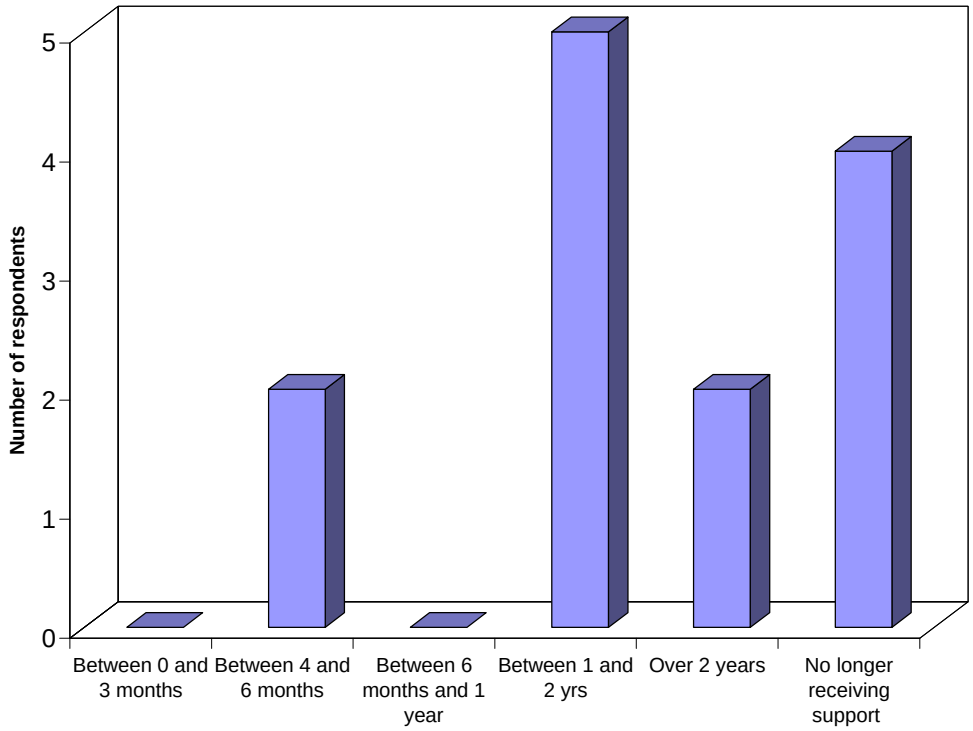
The length of time that users receive services varies depending on service need. Support for Home-start parents was generally required either on a medium term basis between 3 and 6 months (for example providing help after surgery) or on longer term basis, one year plus (for example providing help with longer term problems such as mental health problems. Staff, however, express that there is a significant level

of service need on a medium to long-term basis (between 6 months and 1 year).

On *average*, families receive services for about 12 months incorporating one weekly visit of about 3-3.5 hours (inclusive of travelling time). This flexibility is corroborated with the volunteers, who state that they visit the families for the length of time that the service is required. This allows service provision to match user need. Variability in service provision is indicated in Chart 2.

Chart 2 : Length of time of delivery of Home-Start services

(Sample size = 9)



Over three quarters of respondents receive support once or more a week, (where need is less this can drop to once a month). As noted, on average volunteers visit families for 3 to 3.5 hours a week. The vast majority of clients found this to be a sufficient length of time (78% stating it was 'the right length').

The process of making appointments, both initially and on an on-going basis, was very highly regarded. 100% of respondents found the times of the appointments suitable (as they are made collaboratively with the

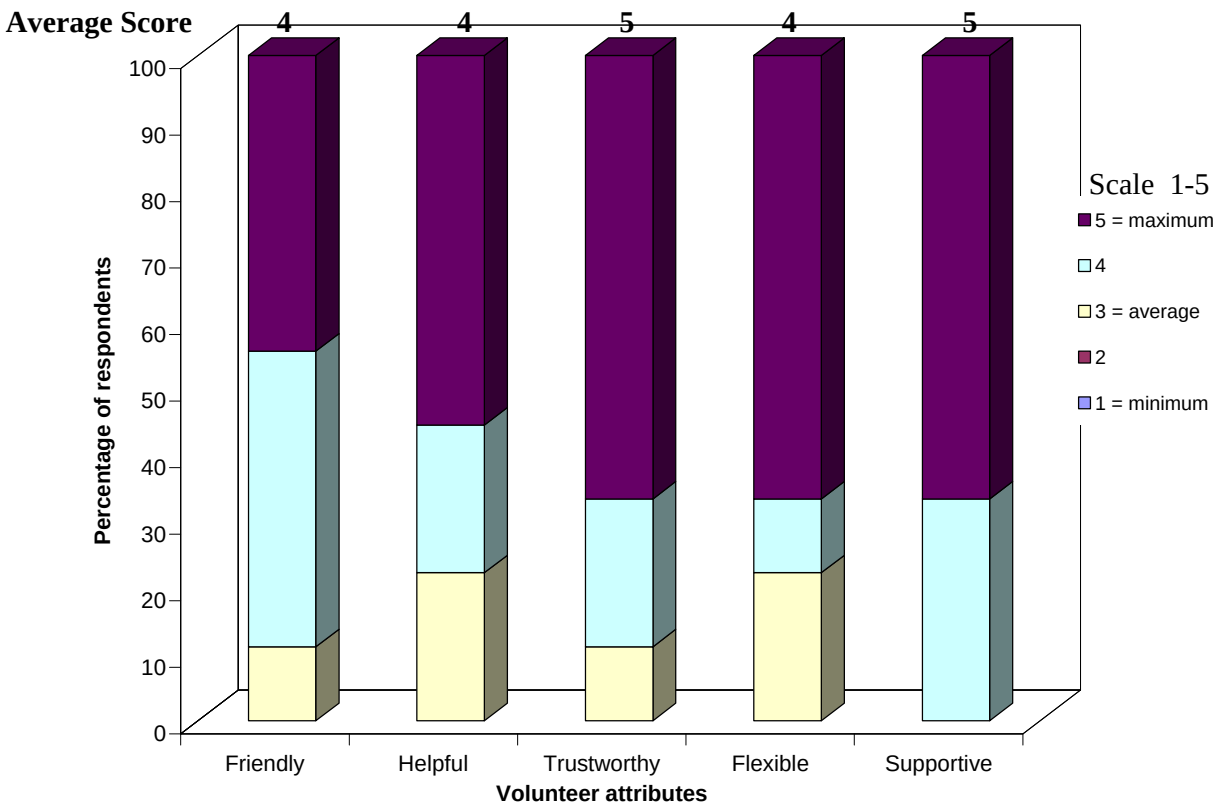
client), the referral process was considered efficient (67%), and all respondents found it easy to make on-going appointments.

When appointments were not kept, the most common reason cited was that the respondent did not want the appointment, which could be due to a number of reasons, such as child being ill, parent being ill or an unexpected event. About 20% of all appointments are cancelled, of which half are known to the volunteer prior to their arrival.

Service Quality

Overall the Home-Start service was very highly regarded. Volunteers are considered friendly, helpful, trustworthy, flexible and supportive. This is shown in Chart 3 below.

Chart 3 : Chart to show volunteer attributes



These attributes were reflected in volunteers perceptions of the co-ordinators, '*informative and helpful*', '*feel confident it will be dealt with and I am treated in a nice manner*'. Volunteers considered co-

ordinators responsive to requests and effective in dealing with them. Co-ordinators provided the main line of support for volunteers conducting regular 'check-up' phone calls and were available when needed.

Impact of Service

The overall efficacy of the service can be demonstrated by the impact it has on client needs. The Home-Start 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 Home-Start service, and the impact was felt by both service users and volunteers.

All volunteers felt that they had a huge impact on the lives of their clients. The best aspect of volunteering was consistently described as '*feeling useful*', '*making a difference*', '*putting something back*' and '*the pleasure of being told I don't need you anymore'*. The type of support provided to volunteers incorporates an initial 8 week training course, an organiser undertaking telephone meetings with volunteers monthly, a quarterly newsletter, social activities and occasional group meetings.

This is also reflected in the impact clients' felt the service was having on their lives. Every client interviewed said that Home-Start had made a difference to their lives. Table 1 shows aspects of health and well-being through the Home-Start service.

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

Aspect of health/ well-being (No of respondents = 9)	Percentage
Increased self-esteem	67%
Reduced isolation	89%
Improved general mood/ feel happier	89%
Reduced levels of stress	78%
Increased confidence as a parent	33%
Improved parenting skills	11%
Improved my relationship with my child/children	44%
Confidence Boosting	22%
None	0%

Both volunteers and clients found the most beneficial aspect of the service having someone to talk to. This meant the parents felt more supported and, as one volunteer put it, allowed them '*to get things off their chest and the way ahead becomes clear to them'*. This aspect was also highlighted with comments from clients such as '*the best aspect is having the support of someone to talk to'*, '*just having someone to chat to'* and '*empathic listener and non-judgemental'.*

An increase in confidence was also a main benefit felt by volunteers. Volunteers felt that by going to visit the client per se, rather than the children or the families for example, they '*increased the clients feeling of self-worth because a person came to visit them rather than her children*' and '*families feel they are worth someone coming to visit them, it decreases isolation and increases confidence'*.

These supportive aspects were also supplemented with the provision of information and meeting practical needs, one client stated the best aspect as '*lots of information to go to places e.g. Playlink, advice*' and another stated '*had some extreme support in past and now good friends, had toys and equipment from them, always been very supportive'.* This more practical aspect of intervention was described by one volunteer as '*not running their lives for them but you do have a line you should cross to show them the direction – following their priorities and needs and finding common ground to develop on*'.

This focus on the parents, rather than the children, is emphasised by the lower levels of impact made on children. Indeed 67% of parents felt that no impact was felt by children, this is in part because the children are frequently too young for the parents to percieve them receiving direct benefits, but also because the service is targeted at directly at parents. The high level of impact on parents well-being may well provide indirect benefits to the children. Parent's perception of direct benefits for their children is lower, corresponding with the emphasis of the service for parents *rather* than their children. The breakdown of perceived impact on children is shown at Table Two.

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

Aspect of health/ well-being (No of respondents = 9)	Percentage
Improved behaviour	22%
Increased confidence	22%
Reduced isolation	22%
Improved general mood/ feel happier	22%
None	67%

Areas for improvement, however, included suggestions for improving confidentiality practices and the practicalities of service provision. Confidentiality breaches were not felt on a wide-reaching basis, but had been felt on some level by both clients and volunteers. In the case of the client confidentiality breach, standard procedures were followed by Home-Start volunteers and co-ordinators. However the client felt that the release of personal information reflected a lack of faith in themselves and hence resulted in a lack of trust in the service. For the volunteer confidentiality was breached through the release of personal information, which in their view, was made to unsuitable parties. This was largely a result of non-standardisation of confidentiality procedures across Sure Start services, rather than an issue that can solely be addressed by Home-Start.

With regards to service provision one client felt that there were '*time gaps in getting the service set up due to a lack of volunteers, so there could be a long waiting gap'*. This reflects the current capacity problems being experienced by Home-Start, as a result of the high demand for services.