

Maltby Sure Start

Spotlight Project Evaluation
Home-Start

April 2003

Introduction	1
Methodology	2
An overall picture	4
Service Evaluation	6
Cost of service	6
<i>Table One: Unit cost comparisons</i>	6
Integration into Sure Start Partnership	7
Strategically	7
Operational partnerships	7
Place of volunteers within partnership	8
Parental Involvement in service design and delivery	9
Service Quality	10
Training and support for volunteers	10
Satisfaction with services	11
<i>Table Two: Parental satisfaction levels</i>	11
Impact	11

Introduction

Four services were ‘spotlighted’ by the Sure Start Maltby partnership for individual evaluation, as part of the wider Sure Start evaluation. These services are health visiting, speech and language therapy, the family workers and Home-Start.

This report focuses on the service evaluation of Home-Start services as it relates to the provision of services to Sure Start Maltby families.

The purpose of the evaluation is to identify the effectiveness of Home-Start, 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 this evaluation report concludes is that the delivery of the Home-Start service there is a high degree of satisfaction amongst service users and the volunteers with the Sure-Start Maltby Home-Start service. The service, however, is challenged particularly by the difficulties of recruiting appropriate volunteers and as a consequence the service becomes relatively expensive, vis-à-vis alternatives.

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 with volunteers, the co-ordinator and questionnaire analysis and interviews with agencies that make referrals to the Home-Start service.

A variety of evaluation methodologies have been employed and include:

- Interview with Debbie Bradshaw (5th February 2003) A 2 hour semi-structured meeting was held with the manager
- Volunteer Interviews_(25 February 2003) 15 minute semi-structured telephone interviews were conducted with the four Home-Start volunteers.
- Client aspect (December- February 2003) 12 past and present clients provided satisfaction ratings about the Home-Start service through the peer based evaluation methodology employed as part of the wider evaluation of Sure Start Maltby.

- ❑ External Agencies (January and March 2003) External agencies were asked to provide details about their sense of the quality of the service provided by Home-Start to Sure Start Maltby families, with this approach augmented through interviews with the speech and language therapist, the family workers and health visitors as part of their spotlighted evaluations.

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 the average number of families supported in a given week. To enable comparison of unit costs for the purposes of assessing cost effectiveness, the following unit costs are provided:

- ❑ Another Home-Start service in an area with a similar profile to Sure Start Maltby in terms of ethnicity and lone parenting status (applying the same costing methodology)
- ❑ A NCH family support service in an area with a similar profile to Sure Start Maltby 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% year on year in the costs of family support workers.

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

An overall picture

Home-Start Maltby currently have four volunteers supporting four mothers with home visits of about 2-3 hours each week. There have been another five parents through the year that have received support from Home-Start, until support was no longer needed. Three of these volunteers joined the Home-Start service in 2001/02 and there is a fifth volunteer that can only support in the evenings.

The profile of the families is:

- ❑ A mother with depression and anxiety who has been receiving support for close to 12 months. This tends to be more than 2-3 hours per week.
- ❑ A lone mother with a number of children and who recently gave birth then to have her relationship end. Has had difficulties leaving the house.
- ❑ A mother with two children, one of whom has additional needs. There have been breaks associated with this service.
- ❑ A mother with financial and self esteem difficulties, including attachment difficulties with her child. The service with this client has been very difficult and subject to review.

The families have been referred from health visitors and the family workers. There are no waiting lists for services. The co-ordinator, Debbie Bradshaw, undertakes initial assessment visits with families and then matches them with a volunteer, if appropriate. There are families that have not required or have not wanted Home-Start support. After six weeks of placement, Debbie then revisits the family and talks to the volunteer to ensure that the placement is working. Assuming that this is working effectively, a follow up happens three months thereafter and generally every six months thereafter.

Reliance on volunteers is both a strength and a challenge for the programme, with particular difficulties in recruiting volunteers to deliver services to local parents. These are simply the difficulties of:

- ❑ identifying appropriate volunteers; and also

- given the relatively tightly integrated local community, as identifiable by the low levels of movements in and out of the area relative to many other parts of the country, ensuring that volunteers are matched with families that they do not know or are unlikely to have some type of direct or indirect contact with already. (This has happened)

When volunteers are identified they are required to undertake a 10 week course and in March 2003, a new course was commencing. Unlike some Home-Start volunteer training courses, Home-Start Rotherham has enabled its course to be accredited.

Volunteers receive continuing support from Debbie including monthly dinners and ongoing contact through their placements, at least every three months. Also volunteers receive a regular newsletter and are all invited to bi-monthly borough wide volunteer support/training sessions.

Service Evaluation

Cost of service

Using the basic unit cost model which deduces what the average cost of a contact by reference to the total Sure Start of £16,000 in 2002/03 and a maximum of four contacts per week for fifty two weeks, the average contact cost of the Home-Start Maltby service is £76.92. On the basis that an average contact is 2.5 hours, the average cost of service provision per hour is £30.76. Given that in many periods, less than four contacts are undertaken a week, the overall contact cost may be significantly higher.

On the basis of comparisons with a NCH family support worker service in another Sure-Start area, another Home-Start service (both these are in areas 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 Maltby service is very expensive.

Table One: Unit cost comparisons

Home-Start Maltby	Home-Start (anon)	NCH family support (anon)	FSW (Unit costs)
30.76	13.76	15.07	29.20

On this basis, Home-Start Maltby is very expensive to alternative family support services. However, given that this is also largely a volunteer service delivery model, this suggests that the costs of operating the service are more expensive.

Integration into Sure Start Partnership

The extent to which Home-Start is integrated into the Sure Start Maltby Partnership has been determined by reference to strategic and operational dimensions, both as a service and for the volunteers.

Strategically

Strategically, the co-ordinator was a member of the Sure Start Maltby Partnership Board, but determined that it was critical to concentrate on service delivery and as such, ceased involvement at the Board level. There is no service level agreement between Sure Start Maltby and Home-Start which also makes defining the nature of the relationship, strategically and otherwise, particularly difficult.

If there is scope for greater strategic working between the Sure Start Maltby programme and the Home-Start Maltby service this would be most welcome.

Home-Start Maltby service would also welcome their inclusion in the Sure Start Maltby newsletters to enable improved understanding of what the service is that they offer and as a mechanism for attracting greater levels of involvement. Attempts to improve the level of volunteer recruitment through advertising are fundamental and various efforts have been taken, although these often provide few dividends. That said, two of the four currently supporting volunteers responded to advertisements.

Operational partnerships

Sure Start has successfully established more effective partnership working between agencies in the Maltby area. This is highlighted in examination of the spotlight services. Standardised procedures have been implemented (such as referral forms and providers' forum) and informal networks of communication have been established.

Debbie identifies that a significant strength of the programme is that providers are *'working towards a unified vision and that talking about cases enables a complementary approach and avoids duplication.'* Debbie identifies, however, a danger in saturating some families with services which has the potential of creating dependency.

These processes have also proved most effective in making referrals, and referring clients on, to services.

The referrals for Home-Start are from health visitors or family workers. In discussions with these staff, they identified that making referrals to Home-Start was straightforward, albeit that it is difficult to attract sufficient new volunteers to encourage greater take-up of the service.

In terms of making referrals to other agencies, Home-Start volunteers indicate that they have been able to make referrals to other agencies to the benefit of their clients. Predominantly, this has relied on working through Debbie Bradshaw, the co-ordinator.

Volunteers state:

- Yes, through co-ordinator but I haven't seen a need to do that yet.*
- Yes, Sure start supported my family with childcare through a family support worker, who worked in conjunction with Home-Start. Other feedback I pass on to my co-ordinator.*
- Pass to Debbie my supervisor. She was great and talked me through things. I pick up leaflets and pass this information on to families for self-referral, or pass it on to Debbie from Sure Start.*

An area, however, identified for improvement in this respect is improving confidentiality policies and procedures across the Sure Start Maltby partnership and its providers to enable confidence in service delivery for all stakeholders.

Place of volunteers within partnership

Within the broader context of involving volunteers within the wider Sure Start Maltby programme, this is an area that volunteers identify as requiring significant improvement.

While amongst volunteers, levels of awareness of Sure Start Maltby are high, this is largely the result of information passed on to them from Debbie Bradshaw or as a result of Home-Start clients receiving Sure Start services concurrently with the Home-Start service. Moreover, virtually none of the respondents had received information about Sure Start through their role as volunteers.

On-going support and feedback mechanisms for volunteers were also perceived as being provided solely by the Home-Start service rather than Sure Start Maltby.

As it relates to feeling integrated within the working of Sure Start Maltby, the volunteers state:

- *Don't know much about Sure Start. I don't feel part of it – just things they are doing in the area. I don't receive any information.*
- *Not at all – I only received any information because I have children under 4years not because I am working with Home-Start*
- *I don't feel a part of it (Sure Start). I don't receive any information except from Debbie in the office. If I need information I have to go through Debbie.*
- *Main benefit was Sure Start getting involved – got agencies involved. It revived it somehow. Get support from co-ordinator, but do feel independent. I do other voluntary work where I get a hell of a lot of support. I feel isolated from Sure Start, I do know the family support worker but it was hard to get where we are now. I have only received one letter about an information sharing meeting.*

Parental Involvement in service design and delivery

Consistent with the aims and objectives of Sure Start Maltby, 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 Home-Start co-ordinator, and provides a basis for assessment.

Service Quality

Training and support for volunteers

As an accredited course, volunteers have the opportunity to learn skills that are more readily recognised in other settings and that meet recognised standards.

In terms of the training provided to volunteers this is generally regarded very highly. They state:

- *Brilliant, very interesting. Violence, drug abuse, coping with special needs*
- *Very good – different teachers for different topics*
- *Very informative covering areas I wanted to know more about. Variety – child abuse to substance misuse. Trainer was professional, but easy to relate to. I use this when visiting families – have returned to the literature for reference.*
- *It was for 4 hours per week for 10 weeks. I expected more out of it than I got, such as training on drug abuse etc. They said this would be provided after the course, but I have only done one so far on domestic violence (provided through Sure Start). These topics were mentioned a bit, and it was offered to go into it more, but they didn't follow up on this. Now Debbie is in post things are starting to happen.*

In terms of the degree to which volunteers feel appropriately supported. They are generally quite positive about the level of support they receive, albeit in a couple instances would like to see more support and to advance specific areas of training interest.

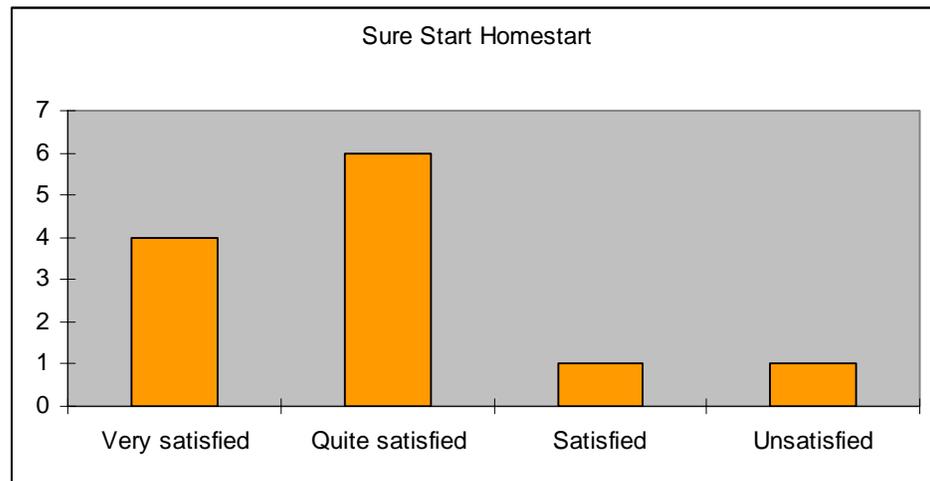
- *Always someone behind me – a key worker. Meet every month/ very close. Constant support. Christmas dinner with other volunteers. Introduction of new and old volunteers can meet over lunch and coffee.*
- *Not as much as I would like, but every so often co-ordinated turn outs. Regular meetings and standard procedures would be good.*
- *Co-ordinator very good – gets information and helps. Only recently all agencies got together – last year felt isolated, but now standard procedure to meet. Before Sure Start got involved there was a period where only little support – all responsibility fell to me. Now I get enough support compared to 6 months ago.*

- *Up to Debbie coming into post nothing was available. Now she always asks after my welfare, and we are starting to get training on, for example, drug and alcohol abuse. I would like more support through mixing with other volunteers from other areas. We get together as group in Maltby for a meal every month or so, but it would be good to meet the other volunteers also.*

Satisfaction with services

Within the parent-led survey of local parents, local parents identified a reasonably high degree of satisfaction with Home-Start. 12 parents indicated a view about the Home-Start service in Maltby, with four rating it 'Very Good' and 6 rating it 'Quite Good', which places it among the higher level of satisfaction of services within the Sure Start Maltby area.

Table Two: Parental satisfaction levels



Local service providers also identified that, on the basis of their professional judgement and feedback from their clients, that Home-Start is generally a service of reasonably good quality.

Impact

The volunteers identify that the impact that they make is great.

- *Just being there, someone for them to listen to. Provide a hand, support and help. Gives them a boost eg. shopping.*

- *Stops isolation and provides someone to talk to as they have no family in the area. It helps her with issues about her children and house for example.*
- *Aware of the benefits available, now has a social worker, is getting medication etc, has more support including a health plan. This has helped to increase confidence and trust and made 'a hell of an impact'.*
- *They tell me it makes a lot of difference – just to give them a shoulder to cry on and help them on the right path (e.g. give suitable information) and stop isolation*

Identifying mechanisms that enable impact to be measured is an area for potential improvement. With such a service, this is likely to involve ensuring that clients and the co-ordinator agree key outcomes sought by having a Home-Start volunteer within agreed timeframes and through the process of revisiting families identifying the extent of progress. This builds on the existing efforts through more specific measurement against action plan milestones.